Supply every item of information carefully. The of death clearly and legibly.

causes 10

the

please write

important. Physicians:

especially

age

correct

Burial

DATE REC'D BY LOCAL REGISTRAR 1953

REGISTRAR'S SIGNATURE

WITH UNFADING INK.

PLAINLY,

PLEASE TYPE OR

MARYLAND STATE DEPARTMEN	T OF HEALTH—BALTIMORE, 18	13635
3648 CERTIFICATI		
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	:
COUNTY Frederick MARYLAND	state Maryland county Freder	ick
CITY (If outside corporate limits, write RURAL (in this place) OR and give nearest town) // Frederick LENGTH OF STAY (in this place) 45 Years	CITY(If outside corporate limits, write RURAL ar	
HOSPITAL OR INSTITUTION OR 729 Motter Avenue	STREET ADDRESS 729 Motter Avenue	,
DECEMBER	(Last) 4. DATE (Month) (DOF DEATH: April 19	(Year) 1955
Female White Specify: Widow 5 Sept		ys Hours Min.
ioa. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-work Own Home	Maryland U	SA SA
13. FATHER'S NAME: Andrew J. Stotelmyer	14. MOTHER'S MAIDEN NAME: Sarah A. Miller	
(Yes, no, or unk.) (If Yes, give war or dates of service) 16. SOCIAL SECURITY NO.	Mrs. Pierce H. Gaver, Frederick	h St., Md.
18. MEDICAL CERTIFICAT	oua Merus	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	a lepeturen hand biene	14.
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (1F EITHER, NOTIFY MEDICAL EXAMINER)	tory, etc. 21c. WHERE DID (City or town) (County etc. INJURY OCCUR?	(State)
OF INJURY OF INJURY OF INJURY M. 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
SIGNATURY XILLIEU M	12:45PM, from the causes and on the date s ADDRESS DATI D. Frederick, Maryland 19 Apr	tated above. E SIGNED
Burial CREMATION. DATE THEREOF NAME OF CEMETI Burial 22 April 1955 Mount Olive	t Cemetery Frederick, Maryl	

M. R. Etchison & Son, Frederick, Maryland



BUREAU V. S.

2. USUAL RESIDENCE (HOME) OF DECEASED:

MARGIN RESERVED FOR BINDING

caref	COUNTY Frederick MARYLAND	STATE Maryland COUNTY Cari	07.7
tion cs	CITY (If outside corporate limits, write RURAL) OR and give nearest town) Frederick LENGTH OF STAY (in this place) 1 month	OR TOWN Mt. Airy	and give nearest towr
Supply every item of information carefite the causes of death clearly and legib	HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Mem. Hospital	STREET (If rural give location ADDRESS Park Ave.	· · · · · · · · · · · · · · · · · · ·
m of informadeath clearly	3. NAME OF (First) (Middle) DECEASED: (Type or Print) JEFFERSON R. BOO	NE OF DEATH: April	
y iten	male white Specifymarried 2-21	-1891 04 yrs.	Days Hours Min.
y every causes	work done during most of working life. Maintenance man 108. KIND OF BUSINESS OR INDUSTRY: Lofstrend Co.	Maryland Maryland	COUNTRY?
Supply te the	Marshall Boone	Josephine Wilson	
NG INK. Supply please write the	(Yes, no, or unk.) (If Yes, give war or dates of service) 18. Social Security No.	Mrs. Clara Boone, Mt.Airy,	Md.
WRITE PLAINLY, WITH UNFADING INK. sepecially important. Physicians: please wr	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH HAD IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, (B)	thombosis with infarction myocardium. sterioselevin	INTERVAL BETWEE ONSET AND DEATH
WITH t. Phy	STATING UNDERLYING CAUSE LAST. (C)	steriorlevin	6 yes +.
AINLY, W.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
PLAIN ly im	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N	YES NO
VRITE PL especially	21A. ACCIDENT WAS UNDERLYING \(\) OR CONTRIBUTING \(\) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	etc. INJURY OCCUR?	(State)
	OF INJURY OF INJURY		
PLEASE TYPE OR correct age is	22. I hereby certify that I attended the deceased from 3/2 alive on 1955, and that death occurred at SIGNATURE 23. BURIAL CREMATION. DATE THEREOF NAME OF CEMET REMOVAL (SPECIFY) BURIAL (SPECIFY) BURIAL LOSSECTION 4-24-1955 Linganore	ADDRESS DA 1. D. 4 8. Church St 4/ ERY LOCATION (City, town, o	stated above. TE SIGNED -//55 r county) (State
PL	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 23 April 1955 Chila & Leib	C. M. Waltz, Winfield, I	ADDRESS Maryland

DECEINED SE

BUREAU V. S.

L

je 1	MARYLAND STATE DEPARTMEN	T OF HEALTH—BALTIMORE, 18	3637
The	3672 CERTIFICATI	E OF DEATH Reg. Dist	. No. 107
carefully.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
carefull legibly.	COUNTY Frederick MARYLAND	STATE Md COUNTY Fred	erick
	CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Rural Foxville Lifetime	CITYIIf outside corporate limits, write RURAL OR TOWN Rural Foxville	and give nearest town)
information	HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural give location ADDRESS	1
of	3. NAME OF (First) (Middle) DECEASED: (Type or Print) Harry Silas Buhri	OF .	Day) (Year) • 1955
ite	Male 6. COLOR OR 7. SINGLE. MARRIED. 8. DATE WIDOWED. DIVORCED. March	29th, 1883 9. AGE last birthday Ir UNDER 1	Days Hours Min.
causes	ioa. USUAL OCCUPATION (Give kind of work done during most of working life. even if retired): Farmer 10B. KIND OF BUSINESS OR INDUSTRY: Potato raiser	FOXVILLE Fredk Co. Md U	CITIZEN OF WHAT
pply the c	13, FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	•D•A
	Sida Buhrman	Mary Jane Buhrman	
K.	(Yes, no, or unk.) (If Yes, give war or dates NO NO NO	Theadore F. Buhrman Smith	aburg MD
UNFADING IN	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN
FAI ns:	IMMEDIATE CAUSE (A) Heart dese	are, Coronary type	8 mas.
UNI	ANTECEDENT CAUSE (S)	0 00	SEATTREE.
WITH UNFA	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO		
- 53	(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
LY,	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		Land St. No.
PLAINLY, W	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	N	20. AUTOPSY?
Eia]	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory. 21c. WHERE DID (City or town) (Coun	ty) (State)
1	210. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work	21F. HOW DID INJURY OCCUR?	
se O	22. I hereby certify that I attended the deceased from 1/3	, 1954, tola-19 , 1955 that I las	t saw the deceased
E TYPE	alive or 17. 13, 19.5.5, and that death occurred at	ADDRESS	stated above.
PLEASE	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET	ERY OR CREMATORY LOCATION (City, town, o	
PLE	Burial April 23.1955 United 1 Date rec'd by Local Registrar's Fignatore REGISTAR J. J. A. D. J.	Brethern Cem. Thurmont Fre	ADDRESS



The

Supply UNFADING INK.

WITH

RITE PLAINLY,

MARGIN RESERVED FOR BINDING

OR TYPE PLEASE

DATE REC'D BY LOCAL REGISTRAR April 9,1955

CENTIF	CALL	OF D		LA	Reg. Di	St. Ne	ريد ه)
1. PLACE OF DEATH:		2. USUAL F	RESIDEN	CE (HOME) OF	DECEAS	ED:	T O I	
COUNTY Frederick MARYLAN	ND	STATE	Mary	land COUNT	Y F	rede	rick	
CITY (If outside corporate limits, write RURAL LENGTHOR and give nearest town)	H OF STAY	OR CITY(If o	utside con	porate limits, writ	te RURAI	and g	ive near	est town
	ears	TOWN	Fi	rederick-Ru	ral R	.F.D	.#3	X
HOSPITAL OR		STREET	s	(If rural gi	ve location	n)		1
STREET ADDRESS Frederick Memorial Ho	ospital			Yellow Spr	rings			
3. NAME OF (First) (Middle) DECEASED:		(Last)		4. DATE (Mo	nth)	(Day)	,	ear)
(Type or Print) THOMAS RICHARD		CANNON		DEATH: AT		6,	19	55
5. SEX: 6. COLOR OR 7. STREED, MARRIED, RACE: WIDOWED, DIMORCED,		OF BIRTH:	9.	AGE last birthday	Months	Days	Hours	R 24 HRS
Male White (Specify): Married		6, 1916		39 yrs.				
10A. USUAL OCCUPATION (Give kind of work done during most of working life, OR INDUSTR	Y:			ate or foreign cour	ntry): 1:		NTRY?	F WHA
even if retirFress Operator Aluminum Co.	•		ryland				USA	
13. FATHER'S NAME:		14. MOTHER						
Roy A. Cannon	4			1. Linton				
18. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECU		17. INFORM			_			1/0
(Yes, no or unk.) (If Yes, give war or dates of service) No 2114-10-35	577	Mrs. Gle	endora	a S. Cannor	1,Fred	leric	K K.I)・#3
18. MEDICAL C		ION	4				ERVAL I	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DE	Us	Besse		-		12	SET AND	DEAT
IMMEDIATE CAUSE (A)	alen	mant	Stayon	estimes	The	14	Zoca	4
ANTECEDENT CAUSE (S)						0		
DISEASES OR CONDITIONS, IF ANY. (B)		meple	-	tro		1	1-207	4
STATING UNDERLYING CAUSE LAST.								
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING								
TO THE DEATH BUT NOT RELATED TO THE								
DISEASE OR CONDITION CAUSING DEATH	OBERATION	vi				_		
194. DATE OF OPERATION:	OPERATION						O. AUT	NO _
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home OR CONTRIBUTING CAUSE OF DEATH OF INJURY street,	e, farm, fact, office bldg.,	etc. 21c. WH		(City or town)	(Co	unty)	(S	state)
	occurred ot while	21F. HOW	DID IN	JURY OCCUR?				
22. I hereby certify that I attended the deceased from	/	A						
alive on SIGNATURE	curred at	3:45 M, fr	om the	causes and on	the dat	e stat	ed abov	ve.
23. BURIAL CREMATION, DATE THEREOF NAME	М	.D. Fr	ederi	ck. Marvla	nd	4/7	7/195	5
23 BURIAL CREMATION DATE THEREOF NAME	OF CEMETE	ERY OR CREM	ATORY	LOCATION (C	ty, town.	or cou	nty)	(Stat

Pleasant Hill Cemetery

24. FUNERAL DIRECTOR

Apr. 9, 1955

REGISTRAR'S SIGNATURE

Frederick County, Maryland

M. R. Etchison & Son, Frederick, Maryland



BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18()3639

3673 CERTIFICATE OF DEATH

Reg. Dist. No. 131

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	4
COUNTY SINCE MARYLAND	structured - the County	rele.
	OR (1f outside corporate limits, write RURAL and	give nearest town)
OR and give nearest town) TOWN LENGTH OF STAY (in this place)	TOWN	X
HOSPITAL OR	STREET (If rural give location)	
INSTITUTION OR STREET ADDRESS	ADDRESS	
3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) Day)	(Year)
(Type or Print) MARTHA L.	DAVIO DEATH: (MALL)	19.55
5. SEX: S. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED, 8. DATE	OF BIRTH: 9. AGE last birthday: IF UNOER 1 YE. Months: Day	
Senale Colored (Specify): all 2/28	//885 70 yrs.	
10a. USUAL OCCUPATION. Give kind of 10b. KIND OF BUSINESS OF work done during most of working life, MDUSTRY:	R II. BIRTHPLACE (State or foreign country): 12. C.	TIZEN OF WHAT
even if retired):	Diday land	Cl. of
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
and the	Ma Stewart	
15 Was Deceased Ever In U.S. Armed Forces? 16. Social Security No.: 17.	INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service)	0 9 . 40 + 4) 0
- would	recesa daves peleerly our	Med
18. MEDICAL CERTIFICATI	ON	Interval Between
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	11.	Onset And Death
Immediate cause (a) Cerebral	Receiver	17 Hay
DUE TO D		
Antecedent causes (s) Diseases or conditions, if any, (b)		
giving rise to the above cause stating the underlying cause last. DUE TO		
(c)	of the first control of the first of the fir	
11. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY ?
		Yes No No
2I. ACCIDENT (Specify) PLACE (Home, farm, factory, street OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (ST	TATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While	HOW DID INJURY OCCUR?	
OF INJURY m. While at Not While At Work		
22. I hereby certify that I attended the deceased from June.	1957, to Opril, 1955, that I last s	aw the deceased
alive on 4- /-, 1955, and that death occurred at	100/11	
SIGNATURE (Degree or title)	ADDRESS ADDRESS ADDRESS	re signed
J. A Luga mo	Mein Bur . 4	1-9-55
23. BURIAL GREMATION, DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or cour	(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
GEGISTRAR 1955 Clical Do. by A auto-	N Water trees tal	mes
1 shows 1 state 1 district		
V	Luctories, Med	

BECEINED

APR 12 1955

BUREAU V. S.

Creager

Son

MARGIN RESERVED FOR

COUNTY (If outside corporate limits, write RURAL and give nearest town) (If rural give location) (Year) (Day) 2I. 9. AGE last birthday: IF UNDER I YEAR IF UNDER 24 HRS. Months Davs Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A Interval Between Onset And Death 20. AUTOPSY Yes No P (STATE) /2/, 1955, that I last saw the deceased DATE SIGNED LOCATION (City, town, of county) (State) Mg

ADDRESS

APR 26 1975

BUREAU V. S.

There's Manusconsules I was a first to

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

3	13	-	-
	6	len.	- 6
-	E)	- 1	1
12.0	U	2.3	

3652 C	ERTIFICATI	E OF DEAT	H R	eg. Dist. No. 13
1. PLACE OF DEATH:	****	2. USUAL RESIDEN	NCE (HOME) OF	DECEASED:
COUNTY Frederick	MARYLAND	STATE M	D COUNTY	Frederick
CITY (If outside corporate limits, write RUR OR and give nearest town)	(in this place)	OR	orporate limits, write	RURAL and give nearest tow
1 Frederick	9 days	TOWN Wa	xekersn	lle X
HOSPITAL OR INSTITUTION OR STREET ADDRESS Jud. Meur	mal Hosp.	STREET ADDRESS	(If rural give	e location)
3. NAME OF (First) DECEASED: AA :	(Middle)	(Last)	4. DATE (Mont	th) (Day) (Year)
(Type or Print) // LTO N	- * E	YLEIP	DEATH:	enl 8 1955
5. SEX: 6. COLOR OR 7. SINGLE, M RACE: WIDOWED, (Specify)	. 4 7	OF BIRTH: 9.		Months Days Hours Min
work done during most of working life, even if retired):	KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (S	tate or foreign count	ry): 12. CITIZEN OF WHA
3. FATHER'S NAME:	n farm	14. MOTHER'S MAI	IDEN NAME:	u.S.A.
martini Eulen	<u> </u>	Cathery	is Eyler	
	6. SOCIAL SECURITY NO.	17. INFORMANT &	ADDRESS:	
Yes, no, or unk.) (If Yes, give war or dates of service)	-	mrs. melton &	ylev Walk	eisville, ml.
18.		rion		INTERVAL BETWEE
I DISEASES OR CONDITIONS DIRECTLY LE	h/s	. 1		ONSET AND DEA
	A) Hem	Maye -		y claye
ANTECEDENT CAUSE (S)	E TO D	J. T.	tall	
CHILDREN TO THE THE ADDITION OF THE PARTY OF	B) ///	war myp	mojny	
STATING UNDERLYING CAUSE LAST.	Е ТО	(1	///	The second
II OTHER SIGNIFICANT CONDITIONS CONT	C)	1	1	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH	E TH	rdiac alo	mpe Salw	- 7 days
9A. DATE OF OPERATION: 19B. MAJOR FI	NDINGS OF OPERATIO	N AT BO	0	20. AUTOPSY
4/4/57 Delle	in from In	space gran	a	YES NO
21A. ACCIDENT WAS UNDERLYING 21B. OR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)	PLACE (Home, fath, fac NJURY street, office bldg.,	tory, 21c. WHERE DI etc. INJURY OCCUR		(County) (State)
OF INJURY	TE INJURY OCCURRED Not while the work at work	21F. HOW DID IN	IJURY OCCUR?	
22. I hereby certify that I attended the	deceased from appr	ugh , 1955, to lip	19 55, th	at I last saw the decease
0 ~		//	e causes and on t	the date stated above.
SIGNATURE	-11 Roll	ADDRESS Hedene	8, Md.	apr. 9 1955
23. BURIAL, CREMATION, DATE THEREOF		ERY OR CREMATORY	LOCATION (City	y, town, or county) (State
DATE REC'D BY LOCAL REGISTRAR'S S	SIGNATURE	24. FUNERAL DI	RECTOR	ADDRESS

MARGIN RESERVED FOR BINDING

A15-

DECENTED SEE

Z .V UABAUB

	CERTIFICAT		AIII	Reg. Dist.	No. 1.D.]
1. PLACE OF DEATH:	77	2. USUAL RESI	DENCE (HOME)	OF DECEASED:	Part of the state
COUNTY Frederick	MARYLAND	STATE	МФ	COUNT	Frederik
CITY (If outside corporate limits, wr	ite RURAL LENGTH OF STA	Y CITY (If outs		ts, write RURAL an	d give nearest town
OR and give nearest town) Frederick	(in this place) 8 hr.	OR TOWN T	hurmont		X
HOSPITAL OR		STREET		rural give location)	1
STREET ADDRESS rederick	Mem. Hospital	ADDRESS			/
3. NAME OF DECEASED: (First)	(Middle)	(Last)	4. DATE	(Month) (Day)	(Year)
(Type or Print) / HARLES	RALDH FO	rnwald	OF DEATH:	Apr. 16. 1	9559
	GLE, MARRIED, 8. DAT	E OF BIRTII:	9. AGE last bir	thday: IF UNDER 1 YE	
Male White Sp	ecif Warried Nov.	24.1875	79	yrs. Months Da	Hours Min.
On. USUAL OCCUPATION Give kind of	10b. KIND OF BUSINESS	24.1875 OR 11. BIRTHPLAC	E (State or foreign	gn country): 12. C	ITIZEN OF WHA
work done during most of working life, even if retired Navy Yard E	INDUSTRY:	ed Reading	Penna	U.S	OUNTRY?
3. FATHER'S NAME:	mproyee (recir	14. MOTHER'S MA		10.7) • 23
West Deserved of A		11-4-4-4 - 12	Nhad		
Wm . Forwald 15 Was Deceased Ever In U.S.Armed Force	egel 16 Coctat Coctany No. 1	Hattle R	hodes		
Yes, no, or unk.) (If Yes, give war or dates	of				
No service) No	No R	alph E.Forn	iwald Thi	urmont Md	
	18. MEDICAL CERTIFICA	TION			Interval Between
1. DISEASES OR CONDITIONS DIRECT	TLY LEADING TO DEATH	1 1			Onset And Dea
Immediate cause	(a) Cerebral H	emorrha	re e		18 leaves
DU	(a) Cerebral JE TO arterioscles	1001	7.2	11	sourcel
Antecedent causes (s) Diseases or conditions, if any,	. A lucoscler	olic Carde	1 Messeu	suishouse.	years
glving rise to the above cause stating the underlying cause last. DU					
2 / A V					
i. OTHER SIGNIFICANT CONDITIONS	(c)	0 10	1		4.4.1
Conditions contributing to the death bu	it not stratette	n mulli	tus		years
related to the disease or condition cause 9a. DATE OF OPERATION: 19b. MAJ	ing death.				20 AUTOPSY
					Yes No
I. ACCIDENT (Specify) PL	ACE (Home, farm, factory, stre	et. (CITY OR TO	WN) (COUNTY) (ST	TATE)
SUICIDE	JURY office bldg., etc.)				
TIME (Month) (Day) (Year) (Hour)	INJURY OCCURED	HOW DID INJU	RY OCCUR?		
OF INJURY m.	While at Not While Work At Work				
22. I hereby certify that I attended	the deceased from 1/15	,195 5, to?	1/16 195	, that I last s	aw the decease
	141-41	630 LM	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, 01140 2 1440 1	1-1-1-1-1
alive on 4/16, 19 55, an	(Degree or Aitle)	, fro	om the causes a	and on the date s	re signed
Ell dittoam	24-0		lust m		6/33
3. BURIAL, GREMATION, DATE THE		ERY OR CREMATOR	100	(City, town, or cou	1
Burial Apr. 19.				t Fredk Co	
DATE REC'D BY LOCAL REGISTRA	R'S SIGNATURE	24. FUNERAL DIR			ADDRESS
BEGISTRAR 953- Chie	with I Heils.	M.L. Creage		Thurmont	MD
- March 1 - 2 And On	AND G. MANY				

WITH PLEASE WRITE

The correct

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VS. A15

BECEINED

2361 61 A9A

BUREAU V. S.

VS. A15 — 10 - 53

	STATE DEPARTMEN	T OF HEALTH	—BALTIMORE, 18	00033
3674	CERTIFICATI	E OF DEAT	H Reg. Dis	st. No. /44
1. PLACE OF DEATH:		2. USUAL RESIDEN	NCE (HOME) OF DECEASE	ED:
COUNTY (If outside corporate limits, write	MARYLAND	STATE Md	COUNTY	redenck
CITY (If outside corporate limits, write OR and give nearest town)	e RURAL LENGTH OF STAY	CITY(If outside co	orporate limits, write RURAL	and give nearest town
OR and give nearest town) X TOWN Rural Thurmont	in this place) 50 yrs		iral Thurmont	X
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	(If rural give location	1)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3. NAME OF (First) DECEASED: (Type or Print) 5. SEX: 6. COLOR OR 7. SINGLE	(Middle)	(Last)		(Day) (Year)
(Type or Print)		shman	DEATH: APPLL	13 1955
RACE: WIDO	WED, DIVORCED,	of BIRTH: 9.	78 yrs.	Days Hours Min.
10A. USUAL OCCUPATION (Give kind of)	OR INDUSTRY:	11. BIRTHPLACE (S	tate or foreign country): 12	. CITIZEN OF WHAT
	Own Home	Thurmont R		.S.A.
13. FATHER'S NAME:		14. MOTHER'S MAI		
John T. Brice		Arabells		
(Yes, no, or unk.) (If Yes, give war or date		17. INFORMANT &		
No of service) No	No		Freshman Thur	
NO of service) NO I DISEASES OR CONDITIONS DIRECTL	18. MEDICAL CERTIFICAT LY LEADING TO DEATH	A. A		ONSET AND DEATH
331X	6. 6.1	Le Par		72
IMMEDIATE CAUSE	DUE TO	- Committed		11000.
ANTECEDENT CAUSE (S)				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B)			
(904,9)	(C)		^	
II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED T	O THE	time of 0-	V.1	5 mos.
DISEASE OR CONDITION CAUSING	DR FINDINGS OF OPERATIO	N /	ap.	20. AUTOPSY?
		U		YES NO
	218. PLACE (Home, farm, fac OF INJURY street, office bldg.,	etc. INJURY OCCUR		nty) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	While Not while at work	21F. HOW DID IN	JURY OCCUR?	
22. I hereby certify that I attended	the deceased from	5 , 195 FroOm	/3 , 19 55, that I las	st saw the deceased
22. I hereby certify that I attended alive on 12. 19.55 a	and that death occurred at	3;30P M, from the	causes and on the date	
SIGNATURE		ADDRESS	h, D	TE SIGNED
SIGNATURE CREMATION, DATE THE		ERY OR CREMATORY	LOCATION (City, town,	of county) (State)
REMOVAL (SPECIFY)	σ	emetery		
DATE REC'D BY LOCAL REGISTRAL		24. FUNERAL DI	Thurmont Fred	ADDRESS
REGISTRAR 151955 Blave	be S. Eyler	M.L.Creager	& Son Thurmor	nt MD

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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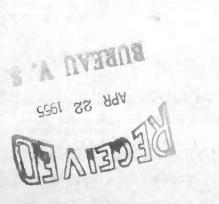
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1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED		
county Frederick MARYLAND			
(If outside corporate limits, write RURAL OR and give nearest town) X TOWN FredErick-Rural R.D.#1 HOSPITAL OR INSTITUTION OR STREET ADDRESS Near Walkersville,	STACIf outside corporate limits, write RURAL ar OR Frederick-Rural R.D. # STREET (If rural give location) ADDRESS Near Wa lkersville	#1 X	
	*	Day) (Year)	
DECEASED: (Type or Print) MARGARET ELLEN	GEISBERT OF DEATH: April	20, 1955	
RACE: WIDOWED, DIVORCED;	y 30, 1874 9. AGE last birthday Months Di	EAR IF UNDER 24 HRS. Rys Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if refibrusework Home	fi. BIRTHPLACE (State or foreign country): 12. (Maryland	USA USA	
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:		
William Snauffer	Elizabeth Shaffer		
(Yes, no, or unk.) (If Yes, give war or dates of service) NO None	Stuart L. Geisbert, Frederick,	R.F.D.#1,Md	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	anteriorderois	1 wh	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Service and a service of the service	9	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	4	20, AUTOPSY?	
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory, etc. 21c. WHERE DID (City or town) (County etc. INJURY OCCUR?	y) (State)	
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work			
23. BURIAL (CREMATION, DATE THEREOF NAME OF CEMETE REMOVAL (SPECIFY) Burial Apr. 23,1955 Methodist C	4:30 M, from the causes and on the date s ADDRESS DAT D. Frederick, Maryland 4/ ERY OR CREMATORY LOCATION (City, town, or Cemetery Urbana , M	stated above. E SIGNED 21/1955	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 1953- Eliabeth & Heck.	M. R. Etchison & Son Frederick		

VS. A15-

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MARGIN RESERVED FOR BINDING



PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

correct age is especially important. Physicians:

please write the causes of death clearly and legibly.

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MARYLAND ST	ATE DEPARTMEN	T OF HEALTH-	BALTIMORE, 1	8 ()3645
: 3676	CERTIFICATE	E OF DEAT	H Reg. 1	Dist. No. 145
i. PLACE OF DEATH: COUNTY Frederick	MARYLAND	2. USUAL RESIDEN	COUNTY	
CITY (If outside corporate limits, write R OR and give nearest town) TOWN HOSPITAL OR	URAL LENGTH OF STAY (in this place)	CITY(If outside co	1	AL and give nearest town)
INSTITUTION OR STREET ADDRESS		ADDRESS		
3. NAME OF (First) DECEASED: (Type or Print) ALTA	V. G.	rossnickle	4. DATE (Month) OF DEATH: 4	(Day) (Year) 4 1955
female white (Specify)	dow 9-1	1-1876	7 8 yrs. Month	B Days Hours Min.
work done during most of working life, even if retred);	OR INDUSTRY:	mary	land	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Ezara Harshman			Leatherm	an
(Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.	Joseph Gr	ADDRESS:	riddletawn md.
1	8. MEDICAL CERTIFICAT	ıdı	-	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH			ONSET AND DEATH
H20.	(A) Coronar	y occlusio	Zh	15 min
ANTECEDENT CAUSE (S)	DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	OUE TO			/6
		Cerosia		
II OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING DE	THE			
19a. DATE OF OPERATION: 19B. MAJOR	FINDINGS OF OPERATION	N		20. AUTOPSY? YES NO NO
	B. PLACE (Home, farm, fact INJURY street, office bldg.,	etc. INJURY OCCUR		County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	While Not while at work	21F. HOW DID IN	JURY OCCUR?	
22. I hereby certify that I attended the alive on May 31, 1955, and SIGNATURF Q & Harb	e deceased from Mev. that death occurred at	KIAI II	causes and on the de	last saw the deceased ate stated above. DATE SIGNED 4-5-55
23. BURIAL, CREMATION, DATE THEREO	55 U.B. Cem	Tery A. FUNERAL DII	myern	ele ma
DATE REC'D BY LOCAL REGISTRAR'S	SIGNATURE	4.UFUNERAL DI	1 2-111	ADDRESS

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Maryland county Frederick f outside corporate limits, write RURAL and give nearest to Doubs (If rural give location) 4. DATE (Month) (Day) (Year) OF DEATH: April 8, 19 55 9. AGE last birthday IF UNDER 1 YEAR HOURS M. Hours M.
foutside corporate limits, write RURAL and give nearest to Doubs T. (If rural give location) 4. DATE (Month) (Day) (Year) OF DEATH: April 8, 19 55 9. AGE last birthday 15 UNDER 1 YEAR Months Days 77 yrs. Hours M.
Doubs (If rural give location) 4. DATE (Month) (Day) (Year) OF DEATH: April 8, 19 55 DEATH: April 8, 19 55 P. AGE last birthday IF UNDER 1 YEAR Months Days Hours Milester Mi
4. DATE (Month) (Day) (Year) OF DEATH: April 8, 19 55 9. AGE last birthday TF UNDER 1 YEAR Months Days Hours M
9. AGE last birthday 15 UNDER 1 YEAR 15 UNDER 24 HI 16 UNDER 24 HI 17 UNDER 24 HI 17 UNDER 24 HI 18 UNDER 25 HI 18 UNDER 26 HI
9. AGE last birthday F UNDER 1 YEAR Hours Mi
378 77 yrs. Months Days Hours M
PLACE (State or foreign country): 12. CITIZEN OF WHICH COUNTRY? USA Virginia
ER'S MAIDEN NAME:
largaret Shafer
FRMANT & ADDRESS: Wilt, Doubs, Maryland
ardul feries 15mi
unditermined_
20. AUTOPS
WHERE DID (City or town) (County) (State) Y OCCUR?
W DID INJURY OCCUR?
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BUREAU V. S.

DATE SIGNED

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OF DEA	TIL	neg. D	181. 140)	
2. USUAL RESID	ENCE (HOME) OF	DECEA	SED:		
STATE 77	d. COUNT	J 3	ud	1000	
CITY(If outside	corporate limits, wri	te RURA	L and g	ive neares	st town)
OR TOWN	H . el: 00				V
STREET	(If rural g	ive location	on)		
ADDRESS	0				/
ast)	4. DATE (Me	onth)	(Day)	(Ye	ar)
45	OF DEATH:	4		19	
	9. AGE last birthday				
-1874	8/ yrs.				Min.
11. BIRTHPLACE	(State or foreign cou		2. CITI	ZEN OF	WHAT
mary	land		2.	NTRY?	
14. MOTHER'S	MAIDEN NAME:				
Cather	ine S. Fo	of			
17. INFORMANT	& ADDRESS:	4			md
nro. Samu	el Rentza	kn. 7	nege	unil	le.
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			2	O. AUT	OPSY?
			Y	ES 🗌	NO 1
ry, 21c. WHERE tc. INJURY OCC	DID (City or town)	(Ce	ounty)	(St	tate)
21F. HOW DID	INJURY OCCUR?				
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1504	because of D. 1277	chat I I	ast sal	w the di	eceaseu

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PLEASE WRITE PLANLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT O	F HEALTH—BALTIMORE, 18	Reg. Dist.
MEDICAL EXAMINER'S CE	TOTAL CALL CALL	No. 145
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY FREDERICK MARYLAND	STATE MARYLOWN COUNTY FRED	ERICK
CITY (If outside corporate limits, write RURAL LENGTH OF ST	TAY CITY (If outside corporate limits write RURAL and	
X OR and give nearest town) OR TOWN NR. SMITHS BURG (in this place) LIFE	TOWN NR. SMITHSBURG	X.
HOSPITAL OR INSTITUTION OR STREET ADDRESS RD #1	STREET (If rural, give location)	1
3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) WILLIAM IECUMSEH	HAYS DEATH APRIL I	7, 1955
MALE WHITE Specify: MARRIED M	ARCH 8, 1883 72 yrs. Months Da	EAR IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): LABORER FARM-QUARK	MAAO. I. Amila	COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
HENRY CLAY HAYS	SUS AN JOHNSON	
15. Was Deceased Ever In U.S. Armed Forces? (Yes, no, or unk.) (If Yes, give war or dates of \$\int 2 \left(3 - 18 - 0742 \)		ROUI
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 420.0 Immediate cause (a) ACUTE MY	OCARDIAL INFARCTION	INTERVAL BETWEEN ONSET AND DRATH
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	LEROTIC HEART DISEASE	YRS
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION		20. AUTOPSY? Yes No
21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Street, office bldg., CAUSE OF DEATH.	etory, 21c. (City or town) (County)	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURREI While at Not will iNJURY M. Work ☐ at work	ile	
22. I hereby certify that I took charge of the remains des find that death resulted from: Natural causes 14, A SIGNATURE		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.	APAIR OR CREMATORY LOCATION (City, town, or co	1 /1 4 1
apr. 18.1935 Floy m. Sittle	e Nauh F. BITTle, Myersvi	He, Md.

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24. FUNERAL DIRECTOR ADDRESS
M. R. Etchison & Son, Frederick, Maryland

		t. No. 131
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	
COUNTY Frederick MARYLAND	STATE Maryland COUNTY Fred	erick
CITY (If outside corporate limits, write RURAL LENGTH OF ST. on and give nearest town) Frederick CITY (If outside corporate limits, write RURAL LENGTH OF ST. (in this place) Since 2/10/	55 CHTXIII outside corporate limits, write RURAL OR Frederick-Rural RD#5	and give nearest town
HOSPITAL OR INSTITUTION OR STREET ADDRESS 708 North Market Street	STREET (If rural give location ADDRESS Rocky Springs) /
3. NAME OF (First) (Middle) DECEASED: WARY ELIZADEMU	OF	(Day) (Year) 20, 1955
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DA	TE OF BIRTH: 9. AGE last birthday IF UNDER	
10A. USUAL OCCUPATION (Give kind of work done during most of working life. even if retired): House-work OR INDUSTRY: Own Home		CITIZEN OF WHAT
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Edward Stup	Victoria Wickham	
15. WAS DECEASED EVER IN U.S. ARMED FORCEST 15. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates None	W. Sherwood Hildebrand, RD#5,	Frederick, k
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 5 X	noma Floriach	9 months
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERAT	TON	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bl	factory, dg., etc. 21C. WHERE DID (City or town) (Cou	nty) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCUR! While Not while at work at work	RED 21F. HOW DID INJURY OCCUR?	
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEM REMOVAL (SPECIFY)	at3:20P M, from the causes and on the date ADDRESS M.D. Frederick, Maryland 22 A ETERY OR CREMATORY LOCATION (City, town, or	stated above. ATE SIGNED APRIL 1955 or county) (State
Burial 23 Apr 1955 Rocky Spri	ings Cemetery Frederick County	ADDRESS

DATE REC'D BY LOCAL REGISTRAR



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ()365()

3680 CERTIFICATE OF DEATH

Reg. Dist. No. / 38

0000	2750	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Frederick MARYLAND	STATE Maryland coun	ederick
CITY (If outside corporate limits, write RURAL CORPORATE	CITY (If outside corporate limits, write RURAL at OR TOWN Rural - Mt. Airy	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Penn Shop Rd.	ADDRESS Penn Shop Rd.	/
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Dollie D. Hilder	(Last) 4. DATE (Month) (Day of DEATH: April 11	(Year)
5. SEX: S. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED,	OF BIRTH: 9. AGE last birthday: IF UNDER 1 Y	
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retireMOUSEWITO CWN HOME	Virginia	CITIZEN OF WHAT COUNTRY? USA
James W. Barrett	14. MOTHER'S MAIDEN NAME: Anna E. Harper	
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: 17. (Yes, no, or unk.) (If Yes, give war or dates of		Md.
	rotic Heart Disease	Interval Between Onset And Death
stating the underlying cause last. DUE TO	sclerosis, Generalizad	over 10 years
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		Yes No No
21. ACCIDENT (Specify) SUICIDE HOMICIDE (Specify) OF Office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (S	STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While INJURY — m. Work — At Work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3 2 4 alive on 4 11 1955, and that death occurred at SIGNATURE (Degree or title)	3: 50 P.M. from the causes and on the date	stated above.
Burial (Specify) Apr. 14,1955 St. Paul	ls Point of Rock	unty) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 4-13-55 REGISTRAR'S SIGNATURE	20 funeral purector worth, Damasc	us, Md.



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	No

rect	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	Reg. Dist.
cor		No
he	1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:	
IJ.	COUNTY FREDERICK MARYLAND STATE MORYLAND COUNTY FREDE	
fully	CITY (If outside corporate limits, write RURAL OR and give nearest town) X TOWN RURAL MT. AIRY SYRL. LENGTH OF STAY (If outside corporate limits write RURAL and OR TOWN RURAL - MT. AIRY	
of information carefully. The correct f death clearly and legibly.	HOSPITAL OR INSTITUTION OR STREET ADDRESS ROUTE 4	
matio	3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day DECEASED: (Type or Print) MILDRED ROSE HOOPER DEATH APRIL ((Year) 6, 1955
infor	5. SEX: 6. COLOR OR RACE: WIDOWED, DIVORCED, SPECIFY: MIDOWED, DIVORCED, SPECIFY: MIDOWED, DIVORCED, SPECIFY: MIDOWED, DIVORCED, SPECIFY: WIDOWED, SPECIFY: WI	Hours Min.
o jo s	10a. USUAL OCCUPATION (Give kind of work life, even if retired): HOUSEWIFE AT HOME 11b. KIND OF BUSINESS OR III. BIRTHPLACE (State or foreign country): 12.	COUNTRY?
r it	13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME:	
ca	JACOB STITELY ANNIE	
Supply every item or write the causes of	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS: HARRY A. STI	
3 INK. Sul	18. MEDICAL CERTIFICATION 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 33 / X Immediate cause (a) CEREBRAL HEMORRH & E	INTERVAL BETWEEN ONSET AND DEATH
UNFADING Physicians: p	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause BUE TO Stating underlying cause last	
I UNE	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
LY, WITH important.	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes □ No
A. in	21a. EXTERNAL CAUSE WAS 21b. PLACE (Home, farm, factory, PRIMARY or CONTRIBUTING OF street, office bldg., etc., INJURY INJURY (County)	(State)
E PLAINEY especially im	21d. TIME (Month) (Day) (Ycar) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? While at Not while 1NJURY	
WRITE PL.	22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ★ find that death resulted from: Natural causes ★ Accident ☐, Suicide ☐, Homicide ☐, Undeter SIGNATURE CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM.	Inquiry □, and mined cause □. DATE SIGNED 4-16-55
PLEASE	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or confidence): 4-/8-/4/5 LOCAS REMOVE FRES. CO. M. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 124. FUNERAL DIRECTOR	HRY/ANA. ADDRESS
PLI	april 18, 1955 blaice a leuches to M Waltz Win field.	md.

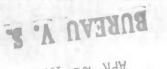
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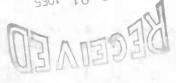
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5. SEX:

DECEASED

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18(1)3653 3684 CERTIFICATE OF DEATH Reg. Dist. No. 131 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY Frederick STATE Maryland COUNTY Frederick MARYLAND (If outside corporate limits, write RURAL) LENGTH OF STAY CITY(If outside corporate limits, write RURAL and give nearest town) OR and give nearest town) (in this place) Frederick-Rural RD#5 Weeks Frederick HOSPITAL OR STREET (If rural give location) INSTITUTION OR ADDRESS Shookstown 718 Motter Avenue STREET ADDRESS (First) (Middle) (Last) DATE (Month) (Day) (Year) (Type or Print) MARY KEHNE April 19 55 6. COLOR OR 17. SHIGEE, MARRIED. 8. DATE OF BIRTH: 9, AGE last birthday IF UNDER RACE: WHOOWED, -BIVORCED Months (Specify): Married 24 March 1892 63 OA. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country): |12. CITIZEN OF WHAT work done during most of working life. OR INDUSTRY: COUNTRY? even if retired): House-wife Pennsylvania USA 14. MOTHER'S MAIDEN NAME: 13. FATHER'S NAME: Amos Strausbaugh Rose Lease 718 Motter Ave.. 17. INFORMANT & ADDRESS: 15. WAS DECEASED EVER IN U.S. ARMED FORCEST (Yes, no, or unk.) (If Yes, give war or dates of service) Dallas W. Kehne, Sr., Frederick, Md. None 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH (A) aute argestine Ment IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT YES [21A. ACCIDENT WAS UNDERLYING 218. PLACE (Home, farm, factory, 21c. WHERE DID (City or town) (County) (State) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) Not while at work at work DATE SIGNED

22. I hereby certify that I attended the deceased from 5 open, 1954, to 2.5 open, 1955, that I last saw the deceased

alive on 25 and 1951, and that death occurred at 3 P M, from the causes and on the date stated above. SIGNATURE Frederick, Maryland 26 April 1955

NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) 23. BURIAL, GREMATION, DATE THEREOF BUTTAL (SPECIFY) Mount Olivet Cemetery Frederick, Maryland Apr. 28, 1955

DATE REC'D BY LOCAL

24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 The 3685 CERTIFICATE OF DEATH Reg. Dist. No. 131 carefully. legibly. I. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY Frederick STATE Maryland Frederick MARYLAND COUNTY (If outside corporate limits, write RURAL) LENGTH OF STAY CITY(If outside corporate limits, write RURAL and give nearest town) and OR and give nearest town) (in this place) of information Frederick R.D.#4-Rural Frederick-Rural-R.D.#L Years HOSPITAL OR STREET (If rural give location clearly INSTITUTION OR ADDRESS AT STREET ADDRESS Willis Derr Road Willis Derr Road (Middle) 3. NAME OF (First) (Last) DATE (Month) (Year) death DECEASED HESTER KEMP DEATH: April 26. ANNIE (Type or Print) item 6. COLOR OR 17. SINGLE, MARRIED. 8. DATE OF BIRTH: 9. AGE last birthday IF UNDER WIBOWED, DIVORGED RACE: (Specify): Married May 7. every IOA. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT work done during most of working life. OR INDUSTRY: USA even if retired Housewife Maryland Supply 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: Ida Stockman James A. Taylor IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT & ADDRESS: INK. (Yes, no, or unk.) (If Yes, give war or dates of service) Charles W. Kemp, Frederick, R.D.#4, Md. None UNFADING MEDICAL CERTIFICATION INTERVAL BETWEEN I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH IMMEDIATE CAUSE Physician ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, WITH GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST (C) important. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING WRITE PLAINLY, TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION: 20. AUTOPSY? NO X 21A. ACCIDENT WAS UNDERLYING [21B. PLACE (Home, farm, factory, 21c. WHERE DID (City or town) (State) (County) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21E INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? Not while OF INJURY at work at work OR , 19 , to ... 19 fs, that I last saw the deceased 22. I hereby certify that I attended the deceased from ... TYPE 19 and that death occurred at 10:10 M, from the causes and on the date stated above. DATE SIGNED Frederick, Maryland SE DATE THEREOF BURIAL, CREMATION NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) PLEA REMOVAL (SPECIFY) St. Luke's Cemetery Feagaville, Maryland 24. FUNERAL DIRECTOR DATE REC'D BY LOCAL M. R. Etchison & Son, Frederick, Maryland 933



APR 13 1955

BUREAU V. S.

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age is especially important. Physicians: please

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (1365)

3655 CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:			
	4 1-	2. USUAL RESIDENCE (HO	
county Freder	MARYLAND	STATE Md	COUNTY Frederi
CITY (If outside corporate OR and give nearest tow		OR TOWN Thurmor	e limits, write RURAL and give nearest town
HOSPITAL OR	k. Memorial Hospital	STREET	(If rural give location)
3. NAME OF DECEASED: (Type or Print) Edgar	Russell Lewis	(Last) 4. DATE OF DEAT	(Month) (Day) (Year)
5. SEX: S. COLOR OR RACE: White	(Specify): Married Apr	.17.1892 ADP.1	t birthday: If UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10s. USUAL OCCUPATION Giver work done during most of we even if retired orchar	ve kind of 10b. KIND OF BUSINESS	or II. BIRTHPLACE (State or Brederick CO.	
J Hooker Lewis		Laura V. Kelt	
15 WAS DECEASED EVER IN U.S.A. (Yes, no, or unk.) (If Yes, give v service)	war or dates of 215-20-7863	onald L. Lewis Tr	nurmont Md
1. DISEASES OR CONDITION 442X	18. MEDICAL CERTIFICA NS DIRECTLY LEADING TO DEATH		Interval Betwee Onset And Deat
Immediate cause Antecedent causes (s) Diseases or conditions, if giving rise to the above of	(a) Nephro DUE TO any, (b) Hypertension	Carshovasula Dr	sine 2 years
stating the underlying caus	se last. DUE TO	to Must Fail	12000
11. OTHER SIGNIFICANT CON Conditions contributing to the related to the disease or con	he death but not	and young , and	- mun
	19b. MAJOR FINDINGS OF OPERATIO	N	20. AUTOPSY?
21. ACCIDENT (Specify SUICIDE HOMICIDE	PLACE (Home, farm, factory, strong of office bldg., etc.) INJURY	eet, (CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Yes OF INJURY	ar) (Hour) 1NJURY OCCURED While at Not While Not Work	HOW DID INJURY OCCUR?	
alive on 19 Am, 1 SIGNATURE	9.55, and that death occurred at (Degree or title)	/	19.5., that I last saw the deceased ses and on the date stated above.
23. BURIAL, CREMATION, I	DATE THEREOF NAME OF CEMET	4 W 3 rd AT	FION (City, town, or county) (State)
Burial	Apr. 22.1955 United E REGISTRAR'S SIGNATURE Elizabeth & Hech.	rethern Cem. Thur 24. FUNERAL DIRECTOR M.L. Creager & So	mont Fredk Co. Md Address

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: FREDERICK STATE MARYLAND COUNTY FREDERICK COUNTY MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY CITY (If outside corporate limits write RURAL and give nearest town) OR and give nearest town) (in this place) FREDERICK TOTAL FREDERICK HOSPITAL OR STREET (If rural, give location) INSTITUTION OR ADDRESS 115 W. FIFTH STREET ADDRESS (First) (Middle) (Last) 3. NAME OF (Month) (Day) (Year) DECEASED: CALVIN NONE APRU 19 55 DEATH (Type or Print) 6. COLOR OR 7. SINGDE, MARRIED, 8. DATE OF BIRTH: 9. AGE last birthday: | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX: WIDOWED, DIVORCED, RACE: Months WHITE (Specify): WIDOWER 10a. USUAL OCCUPATION (Give kind of | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country): | 12. CITIZEN OF WIIAT COUNTRY work done during most of work life, even if retired) TRUCK DRIVER INDUSTRY: MARYLAND 14. MOTHER'S MAIDEN NAME: 13. FATHER'S NAME: MORRISON COLEMAN LIDIE, SR. 15. WAS DECEASED EVER IN U.S. ARMED FORCES ? 16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS: COLEMAN J. LIDIE, JR., BROTHER 15. WAS DECEASED EVER IN U.S. STATE of (Yes, no, or unk.) (If Yes, give war or dates of service) 208 S. CARROLLS T., FREDERICK, MD. 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: ONSET AND DEATH (B) SHOT GUN WOUND OF MINS. Immediate cause Antecedent cause(s) (b)..... Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a, DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes | No [X 21a. EXTERNAL CAUSE WAS PRIMARY 55 or CONTRIBUTING CAUSE OF DEATH. 21c. (City or town) (County) (State) 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., FREDERICK - FREDERICK - MARYLAND 21d. TIME (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? Not wbile at work INJURY APRIL 4, 1955 Ca 8pm. SHOT SELF - DESPONDENT-SUICIDE NOTE 22. I hereby certify that I took charge of the remains described above, held an Autopsy [, Inspection], Inquiry [, and find that death resulted from: Natural causes [, Accident [, Suicide] , Homicide [, Undetermined cause [. CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM. DATE SIGNED SIGNATURE NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) 23. BURIAL, CREMATION, REMOVAL (Specify): April 9, 1955 Mount Olivet Cemetery Frederick. Burial Maryland 24. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE DATE REC'D BY LOCAL REG. C. E. Cline & Son - 8 East Patrick Street Frederick, Maryland



correct

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 030	MENT OF HEALTH—BALTIMORE, 18 03658
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CERTIFICATE OF DEATH Reg. Dist. No. 13 I. PLACE OF DEATH: USUAL RESIDENCE (HOME) OF DECEASED: COUNTY FRED RICK MARYLAND FREDERICK COUNTY MARYLAND STATE CITY (If outside corporate limits, write RURAL LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) OR and give nearest town) (in this place) OR TAREN. FREDERICK FREDERTCK (If rural give location) HOSPITAL OR STREET INSTITUTION OR ADDRESS 115. RECORD. STREET ADDRESS (Day) 3. NAME OF (Middle) (Last) 4. DATE (Month) (Year) (First) DECEASED: OF April SARAH HOWARD MAYNARD DEATH: (Type or Print) 9. AGE last birthday: IF UNDER I YEAR | iP UNDER 24 HRS. 5. SEX: 6. COLOR OR 8. DATE OF BIRTH: 7. SINGLE, MARRIED: RACEL WIDOWED, DIVORCED, Days Hours Months Female (Specify): Single. July 30. 112. CITIZEN OF WHAT Ioa. USUAL OCCUPATION Give kind of 10b. KIND OF BUSINESS OR 11. BIRTIIPLACE (State or foreign country): COUNTRY? work done during most of working life, even if retired): Pub. Hith, Nurse INDUSTRY: Frederick County Mryland 14. MOTHER'S MAIDEN NAME: 13. FATHER'S NAME: Sersh Newton Chiswell Maynard Howard G. 16. SOCIAL SECURITY No.: | 17. INFORMANT & ADDRESS: 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of Records of HOME FOR THE AGED, FRED TRICK, MD. No service) 18. MEDICAL CERTIFICATION Interval Between I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Onset And Death Probable Carenoma of Stornach Immediate cause DUE TO Antecedent causes (s) Diseases or conditions, if any, (b) . giving rise to the above cause stating the underlying cause last. DUE TO 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 20. AUTOPSY ? 19a. DATE OF OPERATION: 1 19b. MAJOR FINDINGS OF OPERATION Yes No (CITY OR TOWN) (COUNTY) (STATE) 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE office bldg., etc.) INJURY HOMICIDE TIME (Month) INJURY OCCURED (Day) (Year) (Hour) HOW DID INJURY OCCUR? While at Not While INJURY At Work Work | 22. I hereby certify that I attended the deceased from Jan., 1955, to 140 per , 1955, that I last saw the deceased

alive on 14 apr 12. Noon., from the causes and on the date stated above. and that death occurred at

DATE SIGNED **ADDRESS** 55 BURIAD CREMATION, LOCATION (City, town, or county) NAME OF CEMETERY OR CREMATORY

L_ (Specify) ADDRESS DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE FUNERAL DIRECTOR FREDERICK. ID.

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BUREAU V. S.

OR WRITE PLAINLY, WITH UNFADING INK.

Supply every item of information carefully. The

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3687 CERTIFICATE OF DEATH

RE, 18 04650 Reg. Dist. No. 13

0034				
1. PLACE OF DEATH:		2. USUAL RESIDE	NCE (HOME) OF DE	CEASED:
COUNTY Frederick	MARYLAND	STATE Ma:	ryland COUNTY	Frederick
CLTY (If outside corporate limits, write F	URAL LENGTH OF STAY			URAL and give nearest town)
OR and give nearest town)	(in this place)	OR	erick-Rural-R	D #6
Tewn Frederick*Rural-R.D.	6 Years	STREET	(If rural give)	
INSTITUTION OR		ADDRESS		(Cation)
O STREET ADDRESS Bartonsvi.	lle		Bartonsville	
3. NAME OF (First)	(Middle)	(Last)	4. DATE (Month)	
DECEASED: (Type or Print) ROY	EDWARD	MEALEY	DEATH: Apt	ril 28, ₁₉ 55
5. SEX: 6. COLOR OR 7. SINGLE.	MARRIED. 8. DATE	OF BIRTH: 9	. AGE last birthday IF	UNDER 1 YEAR IF UNDER 24 HRS.
Male White (Specify)	Single March	13. 1878	77 yrs. Mc	onths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10	B. KIND OF BUSINESS): 12. CITIZEN OF WHAT
work done during most of working life,	OR INDUSTRY:			COUNTRY?
	Owner	Ma:	ryland	USA
13. FATHER'S NAME:				
Charles Me	aley		herine Sheets	
15. WAR DECEASED EVER IN U.S. ARMED FORCEST	16. SOCIAL SECURITY NO.	17. INFORMANT &	ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service)	None	Miss Bertha	Lare, Frederick	k.R.D.#6. Md.
	B. MEDICAL CERTIFICAT			INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH		1. //	NET AND DEATH
420.0	11.		Lin Atom	A Dia.
IMMEDIATE CAUSE	(A) 01011	0 20000	THE HAM	DI WINDOW
ANTECEDENT CAUSE (S)	DUE TO		1 4	1. 1.
DISEASES OR CONDITIONS, IF ANY,	(B) Caldo	c Isleum	Beusalm.	week
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO		1	
STATING BREEFING GAGGE EAST.	(C)			128 3000000000000000000000000000000000000
II OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING			
TO THE DEATH BUT NOT RELATED TO				
DISEASE OR CONDITION CAUSING DI	FINDINGS OF OPERATIO	N		
ISA: BATE OF OF ENAFIGH.	THE MEST OF STERATIO			20. AUTOPSY?
				I LI LAUN
21A. ACCIDENT WAS UNDERLYING 21 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	B. PLACE (Home, farm, fac INJURY street, office bldg.	etory, , etc. INJURY OCCUR	(City or town)	(County) (State)
21D. TiME (Month) (Day) (Year) (Hour)	21E INJURY OCCURRED	D 21F. HOW DID IN	NJURY OCCUR?	
OF INJURY M.	at work at work			
22. I hereby gettify that I attended th	a decreased from Advan	18 1055 61	2 9 10 5	T last new the decrees
	that death occurred at			
SIGNATURE	ahea.	ADDRESS		DATE SIGNED
7117			rick, Marylan	
23. BURIAL, CREMATION, DATE THEREC		ERY OR CREMATORY		town, or county) (State)
Burial Apr.30,1	955 Mount Olive	t Cemetery	Frederick,	Maryland
DATE REC'D BY LOCAL REGISTRAR	SIGNATURE	24. FUNERAL DI	RECTOR	ADDRESS
29 april 1955 Lucian	K. Halconer	M. R. Etchi	son & Son, Fre	derick, Maryland



BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	F.	3658 CERTIFICATI	E OF DEATH Reg. Dis	t. No. 131
1	ully y.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	
S	carefully.	COUNTY Frederick MARYLAND	STATE Maryland COUNTY Fred	erick
3		COUNTY FIEDERICA MARYLAND CITY (If outside corporate limits, write RURAL OR and give nearest town) Frederick MARYLAND (in this place) Years	CITY(If outside corporate limits, write RURAL OR Frederick	
R/I		HOSPITAL OR INSTITUTION OR STREET ADDRESS 326 Park Avenue	STREET (If rural give location ADDRESS 326 Park Avenue)
188	of	Dromagn.	(Last) 4. DATE (Month) OF DEATH: April :	(Day) (Year) 19, 1955
	ite	RACE: WIDOWED DIVORCED.	of BIRTH: 9. AGE last birthday IF UNDER 1 1881 73 yrs. Months	Days Hours Min
DN	y every	10A. USUAL OCCUPATION (Give kind of work done during most of working life, ever eligible) Farmer Farm Owner	11. BIRTHPLACE (State or foreign country): 12. Maryland	COUNTRY? USA
IDI	Supply te the c	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
BIN	Sul	Frederick A. Michael	Alice J. Baker	
FOR BINDING	INK. Suse write	(Yes, no, or unk.) (If Yes, give war or dates No. 214-10-3889	Russell L. Michael, Frederick	urch St.,
	MEDICAL CERTIFICATION			INTERVAL BETWE
RESERVED	FAD	IMMEDIATE CAUSE (A) DUE TO	ma	4. days
E	UNF	ANTECEDENT CAUSE (S)	0 20 0 .	4-slava
MARGIN 1	ITH	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. OUT TO	asleria de	Tongo !
MAR	- 0	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	ahetismellitio	Jane 4
	. 7	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	N .	20. AUTOPSY
-	E	21A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	etory. 21c. WHERE DID (City or town) (Court, etc. INJURY OCCUR?	nty) (State)
O	s wern	OF INJURY (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	2 21F. HOW DID INJURY OCCUR?	
- 10 - 53	TYPE 01	SIGNATURE	6 A. M, from the causes and on the date ADDRESS DA Frederick, Maryland 19	stated above. ATE SIGNED April 1955
15 -	EASE		et Cemetery Frederick, Mary	

24. FUNERAL DIRECTOR

M. R. Etchison & Son, Frederick, Maryland

REGISTRAR'S SIGNATURE

DATE REC'D BY LOCAL

MULICIA SIGNAT PERON



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BECEINED

(State)

LOCATION (City, town, or county)

Frederick, Maryland

M. R. Etchison & Son, Frederick, Maryland

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23. BURIAL, CREMATION.

DATE REC'D BY LOCAL

REGISTRAR 20

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18

CERTIFICATE OF DEATH

3659 Reg. Dist. No. 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH STATE Maryland COUNTY Frederick COUNTY Frederick MARYLAND CITY(If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL) LENGTH OF STAY (in this place) 67 Years and give nearest town) Frederick Frederick (If rural give location) STREET HOSPITAL OR **ADDRESS** INSTITUTION OR 32 East Third Street STREET ADDRESS Frederick Memorial Hospital (Middle) (Last) DATE (Month) (Day) (Year) 3. NAME OF (First) DECEASED DEATH: April 22. EDWARD WASHINGTON MILLER (Type or Print) STORES MARRIED. 8. DATE OF BIRTH: 9. AGE last birthday IF UNDER IF UNDER 24 HRS. SEX COLOR OR 7. WIDOWED, DIVOLED, (Specify): Widowed RACE: 24 Oct 1867 Whi te Male OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country): | 12. CITIZEN OF WHAT OR INDUSTRY: work done during most of working life, USA USA Retired Salesman Fertilizer Co. Maryland 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: John L. Miller Julia E. Shawn 32 E. 3rd St., 17. INFORMANT & ADDRESS: 16. SOCIAL SECURITY NO. IS. WAS DECEASED EVER IN U.S. ARMED FORCEST (Yes, no, or unk.) (If Yes, give war or dates Miss Elva Earle Miller, Frederick, Md. None of service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION: 20. YES NO X 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory. OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. (State) 21c. WHERE DID (County) (City or town) INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) Not while While OF INJURY at work at work , 1955, to 4/ 3, 1955, that I last saw the deceased 22. I hereby certify that I attended the deceased from . 1955, and that death occurred at 9:30 PM, from the causes and on the date stated above. alive on DATE SIGNED SIGNATURE April 1955 Frederick, Maryland

NAME OF CEMETERY OR CREMATORY

24. FUNERAL DIRECTOR

Mount Olivet Cemetery

REGISTRAR'S SIGNATURE

SECEIVED RPR 26 1955

BUREAU V. S.

correct	
on carefully. The	
n of informatic of death clear	
Supply every iten write the causes	
UNFADING INK. Physicians: please	
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.	
PLE	

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

MINDICAL DARMINING OF	MILLIOALLY OF DUALIT	No. //
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Frederick MARYLAND	STATE Maryland COUNTY Frederic	k
CITY (If outside corporate limits, write RURAL OR and give nearest town) CITY (If outside corporate limits, write RURAL (In this place) CITY (If outside corporate limits, write RURAL (In this place)	TAY CITY (If outside corporate limits write RURAL and	
HOSPITAL OR INSTITUTION OR West "B" St. at Dayton St.	STREET ADDRESS West "B" St. at Dayton	St.
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Charles Leslie M	(Last) 4. DATE (Month) (Day) foats OF DEATH April 23	
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. D	DATE OF BIRTH: 9. AGE last birthday: IF UNDER I Y	
Male RACE: WIDOWED, DIVORCED, (Specify) Widowed 8-	-20-1883 7I yrs. Months Da	ys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Brakeman 10b. KIND OF BUSINES INDUSTRY:		COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
John Moats	Alice V.Cline	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of	.: 17. INFORMANT & ADDRESS:	
(1es, no, or unk.) (11 les, give war or dates of 705-05-7925	Douglas A. Moats, Silver Spri	ng.Md.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	DICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
and the country of th	f chest	Mins.
Antecedent cause(s)		
Diseases or conditions, if any, (b)		
giving riso to the above cause DUE TO		
stating underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATIO	N:	20. AUTOPSY?
21a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. 21b. PLACE (Home, farm, factor) OF street, office bldg., INJURY U	Brunswick - Frederick -	Maryland
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCURREI OF While at Not wbi	Shot by unknown person, shotgu	173
INJURY April 23,1955 Ca9pm work at work	de la company de	
22. I hereby certify that I took charge of the remains des		
find that death resulted from: Natural gauses A	ceident [], Suicide [], Homicide [], Undeter	mined cause DATE SIGNED
Collection of the	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM.	4-25-55
Robert J. Furie, M. D. 23. BURIAL CREMATION. DATE THEREOF WAME OF CEME REMOVAL BIRCUAL 4-20-55 Reform		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS

Heart will de les les really Cost Mit-St. at Cartes 21. read a comment of the diamon to bearing the diameter BUREAU V. S. 2261 S YAM . Robert J. Dorder N. . by Mr. Lughings, on Fall Stage 7

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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2000	CEF	RTIFICATE	OF	DEATI	

Reg Dist No. 131

3000	A OI DISTRICT Reg. Dist. No. 9
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Frederick MARYLAND	STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL OR and give nearest town) Frederick LENGTH OF STAY (in this place) Years	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 433 West Patrick Street	STREET (If rural give location) ADDRESS 433 West Patrick Street
3. NAME OF (First) (Middle) DECEASED: (Type or Print) BLORENCE MARGARET	OLDFIELD 4. DATE (Month) (Day) (Year) OF April 20, 19 55
Female White (Specify): Widow July 10A. USUAL OCCUPATION (Give kind of los. KIND OF BUSINESS WIDOWED. QUARTED, (Specify): Widow July 10A. USUAL OCCUPATION (Give kind of los. KIND OF BUSINESS) WIDOWED. QUARTED, (Specify): Widow July 10A. USUAL OCCUPATION (Give kind of los. KIND OF BUSINESS)	Post Birth: 22,1911 43 9. AGE last birthday IF UNDER 1 YEAR Hours Min. Months Days Hours Min. M
even if retired Laborer Laundry	Maryland COUNTRY? USA 14. MOTHER'S MAIDEN NAME:
13. FATHER'S NAME:	Florene R2 Eyler
William C. Smith 15. WAS DECEASED EVER IN U.S. ARMED FORCEST 15. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS: 133 West Patrick S
(Yes, no, or unk.) (If Yes, give war or dates No of service) No 579-30-1784	Mrs. Florence R. Eyler, Frederick, Marylan
IMMEDIATE CAUSE ANTECEDENT CAUSE (\$) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	cleratic heart disiane 3 years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19s. MAJOR FINDINGS OF OPERATIO	ON 20. AUTOPSY? YES NO XX
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fa OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg (IF EITHER, NOTIFY MEDICAL EXAMINER)	actory, 21c. WHERE DID (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE While Not while at work	ED 21F. HOW DID INJURY OCCUR?
alive on	M.D. Frederick, Maryland Location (City, town, or county) Vet Demetery Frederick, Maryland 24. FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRARY 1955 Ein July 9. Leik.	M. R. Etchison & Son, Frederick, Maryland

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MARGIN RESERVED FOR BINDING



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	OR
10 - 53	TYPE
A15 —	PLEASE
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MADVI AND CO		NT OF HEALT	TH—BALTIMORE, 18	03663
3661	CERTIFICAT			No. 131
1. PLACE OF DEATH:		2. USUAL RESI	DENCE (HOME) OF DECEASE	D:
county Frederick	MARYLAND	STATE Mai	ryland county Fre	ederick
CITY (If outside corporate limits, write R OR and give nearest town) // FOWN Frederick		CITY(If outsid	e corporate limits, write RURAL : Trederick	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 112 East St		STREET ADDRESS	(If rural give location) 112 East Street	1
3. NAME OF (First)	(Middle)	(Last)		Day) (Year)
DECEASED: (Type or Print) MARTHA	BEANER	PALMER	OF DEATH: April	18, 1955
Female Colored (Specify)	Widow Febru	ary 11, 1889	66 yrs.	Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired); even if retired.	NIND OF BUSINESS OR INDUSTRY:	Maryla		COUNTRY?
13. FATHER'S NAME:		14. MOTHER'S		
Vincent Beaner			ast Name Unknown)	
(Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.	Maynard Pa	lmer ,112 East Stre	et,Frederick,
	8. MEDICAL CERTIFIC	ATION		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH			ONSET AND DEATH
199. 9	(A) Bruch	vhneum oni		2 wests
ANTECEDENT CAUSE (S)	7 W.	Pychn epe	, · /~	
DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	OUE TO	Typhn 46	Mis	2 wuln
	(C) Carr	em matorio		lyen
II OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING DE	THE			
19A. DATE OF OPERATION: 19B. MAJOR	FINDINGS OF OPERAT	ION		20. AUTOPSY?
OR CONTRIBUTING CAUSE OF DEATH OF	PLACE (Home, farm, in INJURY street, office bld	factory. 21c. WHERE INJURY OCC	DID (City or town) (Coun	
(IF EITHER, NOTIFY MEDICAL EXAMINER) 210. TIME (Month) (Day) (Year) (Hour)	21E INJURY OCCURR	PED 215 HOW DID	INJURY OCCUR?	
OF INJURY M.	While at work Not while at work			
22. I hereby certify that I attended th	e deceased from M.	heart 15, 1965., to	18 Apr., 19 S., that I last	t saw the deceased
alive on A A 1957, and SIGNATURE	that death occurred	at2:30 AM, from ADDRE	the causes and on the date	stated above. TE SIGNED
Thuman & Stive		м. D. Fred	erick, Maryland	4/18/1955
23. BURIAL, CREMATION, DATE THEREC		etery or cremator s Cemetery	The second secon	r county) (State) [aryland]
Burial Apr. 20,		24. FUNERAL		ADDRESS
REGISTRARE 1955 Elizabet	h & Heck		sion & Son, Frederi	



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BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3688

CERTIFICATE OF DEATH

eg. Dist. No. 131

M. R. Etchison & Son, Frederick, Maryland

CONTINUE CON	S OI DEATH Reg. Dist	. 140L.L
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	D:
county Frederick MARYLAND	STATE Maryland COUNTY Fre	ederick
(If outside corporate limits, write RURAL and give nearest town) Adams town-Rural R.D.#1, Years	CHTKIIf outside corporate limits, write RURAL a OR TOWN Adamstown-Rural R.D.	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Near Doubs	STREET (If rural give location) ADDRESS Near Doubs	1
3. NAME OF (First) (Middle) DECEASED: (Type or Print) WILLIAM PHILIP	(Last) 4. DATE (Month) (I RANNEBERGER OF DEATH: April	1, (Year) 1, 1955
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED, (Specify): Widower May 24.	Months D	Days Hours Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tenant: Farm	ri. Birthplace (State or foreign country): 12, Maryland	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Robert S. Ranneberger	Virginia Eader	
18. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service) No None	Mrs. Elizabeth Hickman, Adamsto	own R.D.#1.M
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 420.0 IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	Selvatie heart dis./iv	24 hours
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	al Thrombasis	3yrs.
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING \(\bigcup \) 21B. PLACE (Home, farm, fac OF CONTRIBUTING \(\bigcup \) CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory. 21c. WHERE DID (City or town) (Count, etc. INJURY OCCUR?	ty) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
Charles H Couley M	11:20M, from the causes and on the date	stated above. re signed 4/3/1955
Burial (SPECIFY) Aprill4, 1955 Mount Oli	vet Cemetery Frederick, Ma	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS

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SECENTED

VS. A15

maryland state department of health—baltimore, 1803665

3662 CERTIFICATE OF DEATH

Reg. Dist. No. 131

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Frederick MARYLAND	STATE Ind. COU	INTY Fred.
CITY (If outside corporate limits, write RURAL! LENGTH OF STAY	CITY (If outside corporate limits, write RURAL	
OR and give nearest town) (in this place) 3 meets	Par Person Frederick	Y
HOSPITAL OR	STREET (1f rural give locatio	n)
Gestreet address Fred. Mem. Norfital	ADDRESS	/
3. NAME OF DECEASED: (First) (Middle)	OF	ay) (Year)
	OF BIRTH: 9. AGE last birthday: If UNDER 1	YEAR IF UNDER 24 HRS.
male RACE: WIDOWED, DIVORCED; (Specify): Sound 8-1		Days Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, INDUSTRY:	II. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
even if retired):	maryland	26.8.
13. FATHER'S NAME:	14. MOTHER'S MAJOEN NAME	
Marion F. Riddlemoser	margaretSmith	
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: 17. (Yes, no, or unk.) (If Yes, give war or dates of	INFORMANT & ADDRESS:	1 4
service) 218-24-1959 C	harles E. Riddlemoser Fres	Lerick, Mr.
18. MEDICAL CERTIFICATION	DN	Interval Between
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Onset And Death
420.0 Consertire	heart failure	1 month
Immediate cause DUE TO		
Antecedent causes (s) Diseases or conditions, If any, (b) Anterior leve	tis //eart disease	5 mos +
giving rise to the above cause stating the underlying cause last.		
beaving one directlying coupe table.		
11. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.	Banditi	10 ma +
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	- songound	20. AUTOPSY ?
		Yes No P
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While	HOW DID INJURY OCCUR?	
At Work U,	110000	
22. I hereby certify that I attended the deceased from 3/2/	,1953, to4./ 1923, that I las	t saw the deceased
alive on 7/ , 1953, and that death occurred at		stated above.
The 10 pl Day 10 14 5	ADDRESS E. O. /	4/8/1-
23/BURIAL CREMATION, DATE THEREOF NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or	county) (State)
BMOVAL (Specify) 4-11-1955 Relationed	Cometany middle F.	md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1 Programme 1955 - Elin J. A. G. House	Sladbill a middleton	un md.
is allowed in the state of the state of	, , , , , , , , , , , , , , , , , , , ,	



APR 12 1955

BUREAU V. S.



3663 CERTIFICATI	E OF DEATH Reg. Dist. No. 13
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Frederick MARYLAND	STATE Mid COUNTY Frederik
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) Frederick 3 MO	CTTY (If outside corporate limits, write RURAL and give nearest town) OR Rural Thurmont
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Mem. Hospital	STREET (If rural give location) ADDRESS
(Type of Frint)	denour 4. DATE (Month) (Pay) (Year) 55
Female White Widowed April	8th. 1904 9. AGE last birthday: IF UNDER I YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retire#Ousew1fe	Thurmont R.D.Fredk Co. U.S.A
Charles H. Grable	Harriette Ann Mumford
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.: 17. (Yes, no, one) (If Yes, give wind dates of service) GU	INFORMANT & ADDRESS: LY A. Ridenour Thurmont R.D. Md
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 4	boli (arterial) to brain, arm, 2-3 months ingrene at disease with swinder 10 year t.
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY ?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While INJURY Mork At Work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 1955 Elizabeth 8. Heck.	Address M.L. Creager & Son Thurmont. MD

DECENCED ...

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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH N	EXAMINER'S CER	TIFICATE OF	DEATH	No. 13
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I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY FREDERICK MARYLAND	STATE MARYLOND COUNTY FREDERICK
CHTY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits write RURAL and give nearest town)
X OR and give nearest town) TOWN RURAL- FREDERICK (in this place) LIFE	OR FREDERICK //
HOSPITAL OR OINSTITUTION OR MT. PHILIP RORD	STREET ADDRESS 118 S. JEFFERSON ST.
3. NAME OF (First) (Middle) DECEASED: (Type or Print) CORNELIUS HENRY	(Last) A DATE (Month) (Day) (Year) OF DEATH APRIL 1 19 55
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE	OF BIRTII: 9. AGE last birthday: IF UNDER I YEAR IF UNDER 24 HRS.
MALE RACE: WHOWED, DIVORCED, WHOWED, DIVORCED, JULY	30, 1893 61 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OF	R 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT
work done during most of work life, INDUSTRY: even if retired):Farm	Maryland USA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Henry Roberts	Cordelia Summers
15. WAS DECEASED EVER IN U.S. ARMED FORCES ? 16. SOCIAL SECURITY NO . 1	17. INFORMANT & ADDRESS: 118 South Sefferson St.
(Yes, no, or unk.) (If Yes, give war or dates of No 211-32-2619	Mrs. Edna S. Roberts, Frederick, Maryland
	AL CERTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	INTERVAL BETWEEN
974X STRANGUL ATIO	N BY HANGING Ca 30'
Immediate cause (a) DUE TO	N 07 1171N671V6
Antecedent cause(s)	
Diseases or conditions, if any, (b)	
giving rise to the above cause DUE TO	
stating underlying cause last (c)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19h. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes □ No
21a. EXTERNAL CAUSE WAS PRIMARY Tor CONTRIBUTING CAUSE OF DEATH. 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY ARM)	NR. FREDERICK - FREDERICK - MD.
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF While at Not while INJURY APRIL 1, 1955 (A) M. work 1 at work 1	PIG PEN ON FARM
22. I hereby certify that I took charge of the remains describ	ped above, held an Autopsy [], Inspection K, Inquiry [], and
	dent □, Suicide → Homicide □, Undetermined cause □.
SIGNATURE O .	CHIEF MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER
Robert J. June,	M. D. ASSISTANT MEDICAL EXAM. 1953
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER REMOVAL (Specify):	RY OR CREMATORY LOCATION (City, town, or county) (State)
Burial April 4, 1955 Lutheran Ceme	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
4 april 1955 Chabille 5. Hech	M. R. Etchison & Son, Frederick, Maryland

VS. A15A - 5 - 53

PLEASE WRITE PLAINITY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

BUREAU V. S.

APR 5 19°F

BECEINED

3664

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	No. 131
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COUNTY FREDERICH MARYLAND STATE MARYLAND COUNTY FREDERICK CITY (If outside corporate limits, write RURAL and give nearest town, or the party of t			110
OR and give generat town, OR and give generated to	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
OR and give names town) OR AND EVEN PROBLICK OR HOSPITAL OR ROSPITAL OR ROSPITATION ROSPITAL OR ROSPITAL OR ROSPITAL OR ROSPITAL OR ROSPITA	COUNTY FREDERICH MARYLAND	STATE MARYLAND COUNTY FREDE	RICK
ROSPITAL OR INSTITUTION OR STREET ADDRESS A		CITY (If outside corporate limits write RURAL and	give nearest town)
INSTREET ADDRESS OD FELLOWS HOME CLOS. ADDRESS ADDR			11
DECASED: OF CLOSE OF Print) OF CLOSE OF CLOSE OF Print) OF CLOSE OF CLOSE OF Print) OF CLOSE	HOSPITAL OR INSTITUTION OR ODD FELLOWS HOME BLDG.		r. /
Country Coun	DECEASED: ARADA TO PA	(-1)	
Service Abores Industry	MALE NEGRO (Specify): MATHER MAKE	. 2 1900 EE Months Da	
18. WAS DREASED EVER IN U.S. ARMED FORCES 7: 16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS: (Yes, no, or unk.) (If Yes, give war or dates of service) W. J. 10. O. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10	10a. USUAL OCCUPATION (Give kind of work life, INDUSTRY:	11. BIRTIPLACE (State or foreign country): 12.	
16. WAS DECRASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS: (Yes, no, or unk.) (If Yes, give war or dates of service) W. W., I 21 - 10 - 0.26 Joseph in R M., Robinson is service) W. W., I 21 - 10 - 0.26 Joseph in R M., Robinson is service) W. W., I 21 - 10 - 0.26 Joseph in R M., Robinson is service) W. W., I 21 - 10 - 0.26 Joseph in R M., Robinson is service) W. W., I 21 - 10 - 0.26 Joseph in R M., Robinson is service) W. W., I 21 - 10 - 0.26 Joseph in R M., Robinson is service) W. W., I 21 - 10 - 0.26 Joseph in R M., Robinson is service) W. W., I 21 - 10 - 0.26 Joseph in R M., Robinson is service) W., W., I 21 - 10 - 0.26 Joseph in R M., Robinson is service) W., W., I 21 - 10 - 0.26 Joseph in R M., Robinson is service) W., W., I 21 - 10 - 0.26 Joseph in R M., Robinson is service) W., W., I 21 - 10 - 0.26 Joseph in R M., Robinson is service) W., W., I 21 - 10 - 0.26 Joseph in R M., Robinson is service) W., W., I 21 - 10 - 0.26 Joseph in R M., Robinson is service) W., W., I 21 - 10 - 0.26 Joseph in R M., Robinson is service) W., Robinson is service) W., W., I 21 - 10 - 0.26 Joseph in R M., Robinson is service) W., Robinson is service w., Robinson is service w., Robinson is service) W., Robinson is service w., Robinson is service) W., Robinson is service w.	13. FATHER'S NAME:	11 4	
Interval Between Onset and Death: Interval Between Onset and Death: Interval Cause (a)	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: (Yes, no, or unk.) (If Yes, give war or dates of	17. INFORMANT & ADDRESS:	N /13 W.5
Intimediate cause (a) CORONDRY ARTERY OCCLUSION Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c) (b) ARTERIO SCLEROTIC HEART DISEASE YRS. Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c) (c) The DEATH BUT NOT RELATED TO THE DISEASE OR CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 19c. DATE RETERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Street, office bldgs, etc., INJURY 21c. (City or town) (County) (State) 22d. AUTOPSY? Yes No. 22d. AUTOPSY? Y		AL CERTIFICATION	1
Antecedent cause (a) DUE TO Antecedent cause (B) Diseases or conditions, if any, (b) Stating rise to the above cause DUE TO states underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21c. (City or town) (County) (State) 10c. AUTOPSY? Yes No. 22c. (City or town) (County) 10c. AUTOPSY? Yes No. 22c. (City or town) (County) 10c. AUTOPSY? Yes No. 22c. (City or town) (County) 10c. AUTOPSY? Yes No. 22c. (City or town) (County) 10c. AUTOPSY? Yes No. 22c. (City or town) (County) 10c. AUTOPSY? Yes No. 22c. (City or town) (County) (State) 10c. AUTOPSY? Yes No. 22c. (City or town) (County) (County) (County) (County) (County) (County) (County) (County) (Cou			ONSET AND DEATH
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: PRIMARY OF CONTRIBUTING OF Street, office bldg., etc., INJURY CAUSE OF DEATH. 19b. MAJOR FINDING OF OPERATION: PRIMARY OF CONTRIBUTING OF Street, office bldg., etc.,		ARTERY OCCLUSION	MINS.
Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Street, office bidg., etc., INJURY 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF INJURY 22. I hereby certify that I took charge of the remains described above, held an Autopsy Inspection Induiry at work of ind that death resulted from: Natural causes A. Accident SIGNATURE 22. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) DATE RECTO BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS			
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes \[\] No \[\] 21a. EXTERNAL CAUSE WAS PRIMARY \[\] Or CONTRIBUTING \[\] OF street, office bldg., etc., INJURY 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF INJURY 22d. I hereby certify that I took charge of the remains described above, held an Autopsy \[\], Inspection \[\], Inquiry \[\], as find that death resulted from: Natural causes \[\], Accident \[\], Suicide \[\], Homicide \[\], Undetermined cause \[\] BIGNATURE 23. BURIAL, OREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS	Diseases or conditions, if any, (b)	ROTIC HEART DISEASE	YRS.
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21b. PLACE (Home, farm, factory, of street, office bldg., etc., INJURY OF Street, office bldg., etc., INJURY 21c. (City or town) (County) (State) 21c. (City or town) (County) (State) 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while work at work 22l. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , an find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause SIGNATURE CHEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAMINER DEPUTY M	(c)		1
20. AUTOPSY? Yes No.	TO THE DEATH BUT NOT RELATED TO THE		
PRIMARY or CONTRIBUTING OF street, office bldg., etc., INJURY OCCURRED OF INJURY OCCURRED OF OF OF OF OF OF OF O	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		
OF INJURY M. While at work Not work No	21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ OF street, office bldg., etc., CAUSE OF DEATH. NONE INJURY		(State)
find that death resulted from: Natural causes A Accident , Suicide , Homicide , Undetermined cause CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM. 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or count) (State) REMOVAL (Specify): 4-22-55	21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while	21f. HOW DID INJURY OCCUR?	
CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM. 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or count) (State) REMOVAL (Specify): 4-22-55			
DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM. 3. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) REMOVAL (Specify): 4-22-55			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS	Robert J. June,	DEPUTY MEDICAL EXAMINER	A A
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS	REMOVAL (Specify):	7 1	unty) (State)
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	- 1 L

WITH UNFADING INK. Supply every item of information carefully. The correct mportant, Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING PLEASE WRITE PLAINLY

VS. A15A - 5 - 53



VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF	HEALTH—BALTIMORE, 18 Re	e03469
MEDICAL EXAMINER'S CER	MITTAL OF THE MITT	. 139
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY FREDERICK MARYLAND	STATE Md COUNTY Frederick	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN (URAL - SABILLANILLE LIFE	CITY (If outside corporate limits write RURAL and giv	ve nearest town)
HOSPITAL OR INSTITUTION OR OSTREET ADDRESS	STREET (If rural, give location) ADDRESS	/
3. NAME OF (First) (Middle) DECEASED: (Type or Print) A LLEN RUSSELL	SMITH 4. DATE (Month) (Day) SMITH DEATH APRIL 2	(Year) 1955
PACE. WIDOWED DIVORCED	E OF BIRTH: 9. AGE last birthday: IF UNDER 1 YEAR Months Days	Hours Min.
work done during most of work life, even if retired arpenter 10b. KIND OF BUSINESS OF INDUSTRY: 60nstruction	15 - mar 7 - mar	TIZEN OF WHAT UNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Lewis Smith	Emma Unknown	
(Yes, no or unk.) (If Yes, give war or dates of	17. Informant & Address: Allen F. Smith Frederick R.D.	Md
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Commediate cause		NTERVAL BETWEEN
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	2	0. AUTOPSY? Yes No
21a. EXTERNAL CAUSE WAS 21b. PLACE (Home, farm, factory PRIMARY 78 or CONTRIBUTING OF street, office bldg., etc. INJURY 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while with the property of the pro	21c. (City or town) (County) NR. SABILLASVILLE - FREDERICK 21f. HOW DID INJURY OCCUR? SHOT SELF / N HEAD WITH 2	
22. I hereby certify that I took charge of the remains described that death resulted from: Natural causes , Accidental Robert J. June,	bed above, held an Autopsy □, Inspection ☒, Ir dent □, Suicide ☒, Homicide □, Undetermi	nquiry [], and
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER REMOVAL (Specify): April 5th 1955 Bethel DATE REC'D BY LOCAL REGISTRATES SKNATURE. REG. 445		ADDRESS

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ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

3691 CERTIFICATE OF DEATH

	3691	CERTIFICA	TE OF	DEATH	Reg.	Dist. No. 8/
1. PLACE OF DEATH:	1.		1/1/2	0 . 0	IOME) OF DECEAS	ED:
CITY (If outside corpo OR and give nearest	orate limits, write town)	MARYLAND RURAL LENGTH OF ST (in this place	CITY OR TOWN	() outside corpor	ate limits, write RU	RAL and give nearest town
HOSPITAL OR INSTITUTION OR STREET ADDRESS	Loco A	wan year	STREI	ET	(If rural give's	pegtion)
3. NAME OF DECEASED: (Type or Print)	rirst)	(Middle) LIZABETH	STON	ER JOA	TE (Month)	(Day) (Year) 19 5 5
5. SEX: S. COLOR RACE:		OWED, DIVORCED,	TE OF BIRTH	9. AGE	last birthday: IF UN	DER 1 YEAR IF UNDER 24 HRS.
10a. USUAL OCCUPATION work done during most yen if retired)	Give kind of of working life,	10b. KIND OF BUSINESS INDUSTRY:	OR 11. BIR	Cary C	or foreign country)	12. CITIZEN OF WHAT
13. FATHER'S NAME:	Fusa		Ele	er's maiden na	ME: Woo	de .
Yes, no, or unk.) (If Yes, a service)	S.ARMED FORCES ive war or dates of	? 16. SOCIAL SECURITY NO.:	O.R. St	nt & ADDRESS:	odshow	Ruel Und.
I. DISEASES OR CONDI		a) () ()	ATION 3 W	m The	romber	Interval Betwee
Antecedent causes Diseases or conditions, giving rise to the ab- stating the underlying	(S) if any, ve cause	b) 52	Am.	al pro	Letato	7
11. OTHER SIGNIFICANT Conditions contributing	CONDITIONS to the death but					
related to the disease of 19a. DATE OF OPERATION		g death. R FINDINGS OF OPERATION	ON			20. AUTOPSY?
21. ACCIDENT (Specific SUICIDE II OMICIDE	ecify) PLA OF INJU	CE (Home, farm, factory, st office bldg., etc.)	reet, (C1TY	OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) OF INJURY	(Year) (Hour) m.	INJURY OCCURED While at Not While Work ☐ At Work		D INJURY OCCU	R?	
22 I lepeby contry the	KK	that death occurred at	10,30	to de the ca		date stated above.
22. MURIAL, CREMATION REMOVAL (Specify)	, DATE THER	EOF NAME OF CEMI	TERY OR CRE	MATORY	CATION (City, Joyro	of county) (State)

24. FUNERAL DIRECTOR

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

3665 CERTIFICAT	E OF DEATH Reg. Di	st. No. 131
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEAS	ED:
COUNTY Frederick MARYLAND	STATE Maryland COUNTY Free	derick
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY		
OR and give nearest town) (in this place) Frederick 30 Years	Frederick-Rural R.F.	D.#2. X
HOSPITAL OR	STREET (If rural give locatio	n) /
STREET ADDRESS 708 North Market Street	On Route U.S.#21	10
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
DECEASED: (Type or Print) ANNIE KATE	SWOMLEY OF DEATH: April	30. 19 55
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATI	E OF BIRTH: 9. AGE last birthday IF UNDER	1 YEAR IF UNDER 24 HR
Female White Widow Novem	iber 5, 1866 88 yrs. Months	Days Hours Min.
IOA. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12	2. CITIZEN OF WHA
work done during most of working life, even if retired Housework Home		COUNTRY?
13. FATHER'S NAME:	Maryland	USA
William Henry Kemp	Henrietta Brengle	
18. WAR DECEASED EVER IN U.S. ARMED FORCEST 18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service) No None	Mrs. Merle C. Kepler, Middleto	wn, Maryland
18. MEDICAL CERTIFICA	TION	INTERVAL BETWEE
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEAT
420.1 Sugar	an Thrombian	24/20
IMMEDIATE CAUSE (A)	1	1
ANTECEDENT CAUSE (S)		5-110
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO	Golfrock	092004
STATING UNDERLYING CAUSE LAST.		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH.		
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	ON	20. AUTOPSY7
		YES NO X
21A. ACCIDENT WAS UNDERLYING ☐ 21B. PLACE (Home, farm, fa OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bldg (IF EITHER, NOTIFY MEDICAL EXAMINER)	actory, 21c. WHERE DID (City or town) (Course, etc. INJURY OCCUR?	inty) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?	
OF INJURY While While at work M. at work		
22. I hereby certify that I attended the deceased from	29, 1955, to april 30, 1955, that I la	st saw the decease
CA CA CA	t 7:50A M, from the causes and on the date	
alive on (1921), 1920, and that death occurred a		ATE SIGNED
6 Osternes	M.D. Frederick, Maryland	5/1/55
23. BURIAL CREMATION DATE THEREOF NAME OF CEME	TERY OR CREMATORY LOCATION (City, town,	or county) (State
Burial May 2.1955 Mount Olive		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
DECICEDAD ON A A. O.	M. R. Etchison & Son, Frederic	

- 10 - 53 A15 VS. Supply every item of information carefully. The

is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

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Frederick, Maryland

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CERTIFICATE OF DEATH Reg. Dist. No. 3 Item 2. FilmG181 5-16-55 et I. PLACE OF DEATH: USUAL RESIDENCE (HOME) OF DECEASED: COUNTY Frederick COUNTY Frederick STATE Maryland MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) (If outside corporate limits, write RURAL LENGTH OF STAY legil OR and give nearest town) OR (in this place) TOWN Frederick Frederick Buckevstown and HOSPITAL OR STREET (If rural give location) INSTITUTION OR ADDRESS STREET ADDRESS Montevue County Home /County early 3. NAME OF 4. DATE (Month) (Day) (Year) (First) (Middle) (Last) DECEASED: 5 THOMAS April (Type or Print) RICHARD DEATH: death 8. DATE OF BIRTII: 9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX: S. COLOR OR 7. SINGLE, MARKIED. RACE: WIDOWED, DIVORCED. Months: Days | Hours (Specify): Male White Widowed August 18, 1876 10b. KIND OF BUSINESS OR | 11. BIRTHPLACE (State or foreign country): INDUSTRY: 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION..Give kind of Jo COUNTRY? work done during most of working life. even if retired): Merchant TISA General Merchandise Maryland
14. MOTHER'S MAIDEN NAME: causes 13. FATHER'S NAME: every he cau Otho Thomas Mary Jane Bready 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: | 17. INFORMANT & ADDRESS: (Yes, no, or unk.) | (If Yes, give war or dates of service) Mr. Edgar Thomas - Jefferson, Maryland write No None 18. MEDICAL CERTIFICATION Interval Between 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Onset And Death please Immediate cause (a) DUE TO Antecedent causes (s) Diseases or conditions, if any, Physicians (b) giving rise to the above cause DUE TO stating the underlying cause last. (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. important. 20. AUTOPSY ? 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION Yes No 2 (COUNTY) (STATE) 21. ACCIDENT PLACE (Home, farm, factory, street, (CITY OR TOWN) (Specify) SUICIDE OF office bldg., etc.) HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURED HOW DID INJURY OCCUR? especially While at Not While INJURY Work [At Work alive on 19.6., and that death occurred at 9:30 a.m., from the auses and on the date stated above. 52 SIGNATU (Degree or LOCATION (City, town, or dinty) (State) BURIAL, CREMATION. DATE THEREOF NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Maryland Mount Olivet Cemetery Frederick. ADDRESS DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR C. E. Cline & Son - 8 East Patrick Street

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3693 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH .. 128

MINDICAL EXAMI	MER S CE	RIHICALI	A OT 1		I No.	
I. PLACE OF DEATH:		2. USUAL RESIDEN	NCE (HOME) OF	DECEASED:		
COUNTY FREDERICK	MARYLAND	STATE TEN	IN. COUNT	TY		
CITY (If outside corporate limits, write RU OR and give nearest town)	(in this place)	OR		write RURAL	and give nearest	town)
Y TOWN KURKE- NEW MAKKE	ET ITRANSIENT	TOWN FOL	UNTAIN	HEAD	79X-3	5
HOSPITAL OR INSTITUTION OR OLD RTE	+0	STREET ADDRESS R	OUTE 1	ral, give location	on)	1
3. NAME OF (First) DECEASED: (Type or Print) LEWELL	(Middle) HARRISON	(Last) TOMLINSON	4. DATE OF DEATH	(Month) (Day) (Year)	5
RACE: WIDO	SECTION WATER TO COME	ATE OF BIRTH: B. 21, 1931	9. AGE last birt	hday: IF UNDER Months	Days Hours	24 HRS. Mln.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS INDUSTRY: U.S. ARMY	or 11. BIRTHPLACE Kentucky		ign country):	12. CITIZEN OF COUNTRY?	WHAT
13. FATHER'S NAME:		14. MOTHER'S MA	IDEN NAME:			
Blonnie Andrew Tomlinson		Nannie Bel	le Rogers			
15. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY No.:	17. INFORMANT &	ADDRESS:			- 17
(Yes, no, or unk.) (If Yes, give war or dates of Oct 1952 to serving) 1954	Unknown	Service Reco	rd, Camp I	etrick,	Frederick,	Md.
Reenlisted Nov 1954 I. DISEASES OR CONDITIONS DIRECTLY L ### Table 1. Immediate cause (a)		D SKULL			INTERVAL BI ONSET AND / N.S.T	DEATH
Antecedent cause(s) Diseases or conditions, if any, DUE TO				***************************************		
giving rise to the above cause DUE TO stating underlying cause last						
II. OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING DEA	O TO THE					
19a. DATE OF OPERATION: 19b. MAJOR 1	FINDING OF OPERATION	:			20. AUTOP	. /
PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, fact OF street office bldg, INJURY	etc., NR. NEW	MARKET-	County) FREDEA	(State)) -
OF INJURY APRIL 7, 1955 (a 12am.	21e. INJURY OCCURRED While at Not while work at work	21f. HOW DID I	LEPT H	HUTO IN	WHICH & OVERTUR	NET
22. I hereby certify that I took charg						
find that death resulted from: N SIGNATURE	atural causes □, Ac	CHIEN	☐, Homicide MEDICAL EX TY MEDICAL E TANT MEDICAL	AMINER XAMINER	DATE SIGN. 7, 1	GNED
23. BURIAL, CREMATION, DATE THERE Burial 11 Apr 19		rery or CREMATORY		(City, town, or		tate)
DATE REC'D BY LOCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DI	RECTOR		ADDRI	
Cipiel 8-1935 Lucians	1. takoner	M. R. Etch	ison and S	on, Fred	erick, Md.	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. VS. A15A - 5 - 53

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CERTIFICATE OF DEATH

3666

Reg. Dist. No.

Frederick, Maryland

1. PLACE OF DEATH: 2 USUAL RESIDENCE (HOME) OF DECEASED: COUNTY Frederick Frederick COUNTY STATE Maryland MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place) CITY (If outside corporate limits, write RURAL and give nearest town) Temm Frederick Frederick 33 years HOSPITAL OR STREET (If rural give location) INSTITUTION OR ADDRESS STREET ADDRESS 110 Monroe Street 110 Monroe Street 3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) (Year) DECEASED: VAN ACORE JOHN DEATH: April (Type or Print) 5. SEX: 8. DATE OF BIRTH: 9. AGE last birthday: IF UNDER 1 YEAR | iF UNDER 24 HRS. S. COLOR OR 7. SINGER. MARRIED. RACE: WIDOWED. Days Months Hours Male White (Specify): Married 1894 May 23. 10b. KIND OF BUSINESS OR | 11. BIRTHPLACE (State or foreign country): | 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION. Give kind of COUNTRY? INDUSTRY: work done during most of working life, even if retired): Electrician Pennsylvania IISA Railroad 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: Nathan Van Acore Harriet Van Acore 15 WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: (Yes, no, or unk.) | (If Yes, give war or dates of Mrs. John Van Acore - 110 Monroe Frederick, service) W. War Yes Street Maryland Interval Between 18. MEDICAL CERTIFICATION 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Onset And Death 420.2 Immediate cause (a) DUE TO torsia, & sites Antecedent causes (s) Diseases or conditions, if any, (b) ... giving rise to the above cause mo. 4 stating the underlying cause last, DUE TO 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 20. AUTOPSY ? 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION Yes No 21. ACCIDENT SUICIDE (CITY OR TOWN) (COUNTY) (STATE) (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURED HOW DID INJURY OCCUR? While at Not While INJURY At Work Work [22. I hereby certify that I attended the deceased from 1950, to the life, 1955, that I last saw the deceased alive on 1955, and that death occurred at 1:10 P.M., from the causes and on the date stated above. SIGNATURE DATE SIGNED (Degree or title) 23. BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY DATE THEREOF LOCATION (City, town, or county) REMOVAL (Specify) Burial April 7, 1955 Maryland Mount Olivet Cemeterv Frederick. DATE REC'D BY LOCALI 24. FUNERAL DIRECTOR C. E. Cline & Son - 8 East Patrick Street

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PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

correct age is especially important. Physicians:

please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMEN	T OF HEALTH—RALTIMORE 18	03675
3683 CERTIFICATI		No. / 3 14
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place)	STATE COUNTY THE CITY(If outside corporate limits, Write RYRAL a	nd give nearest town)
HOSPITAL OR	STREET (If rural give location)	9 X
INSTITUTION OR STREET ADDRESS 3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (I	
OECEASED: (Type or Print) RORFRT B	WALTER DEATH Opril	14 1955
5. SEX: 6. COLOR OR 7. SHIGLE, MARRIED. 8. DATE WIDOWED, DIVORCED, (Specify):	8-1860 95- yes Months D	ays Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Additional topic life, or industry	11 BIRTHPLACE (State or foreign country): 12.	COUNTRY?
13. FATHER'S NAME: Alter	14. MOTHER'S MAIDEN NAME:	
Yes no, of unk.) (If Yes, give war or dates of service)	Ms Melli Walter Con	mitshing
18. MEDICAL CERTIFICAT	ION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH #22./ IMMEDIATE CAUSE (A) OCULTY	seardial failure	Saul and DEATH
ANTECEDENT CAUSE (S)	a	Sensolal
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) OUL TO	arie cardio vas en la alume	years
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	N .	20. AUTOPSY? YES NO
2IA. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	etc. INJURY OCCUR?	y) (State)
OF "INJURY OCCURRED M. 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from alive on 1975, and that death occurred at SIGNATURE	The state of the s	
29. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE REMOVAL (SPECIFY) ON 18-195 MAYE	ERY OR CREMATORY LOCATION (City, town, or	monty les mo
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3667

CERTIFICATE OF DEATH

	T) 1		13
Reg.	Dist.	No.	10

OBMITTION I	OF DEATH Reg. Dist.	. 140. 1 0 1
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	D:/ /
In addington	marchad Free	Luish
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	STATE COUNTY COUNTY CHARAL a	www
OR appl give nearest town) (in this place)	OR O A AA	ind give nearest town
11 Trederick weeks	TOWN Johnsville	X
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital	STREET (If rural give location)	/
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (I	Day) (Year)
(Type or Print) DR EDWARD AUGUSTUS W.	ARNER DEATH april	19 19 55
	OF BIRTH: 9. AGE last birthday IF UNDER 1 Y	
M RACE: WIDOWED, DIVORCED, Quig .	2 - 1871 83 yrs. Months D	ays Hours Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life. OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12.	
even if retired): Heterinarian	Maruland	COUNTRYI
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	45//
01 01 01	P 1. C+1	
John Shomas / rarner	oydia Eleter	
IS. WAS DECEASED EVER IN U.S. ARMED FORCES! 18. SOCIAL SECURITY NO.	17. INFORMANT & AODRESS:	9
(Yes, no, or unk.) (If Yes, give war or dates of service)	Kalah a Trafences Islengard la	md
18. MEDICAL CERTIFICAT	ION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
420.0		
IMMEDIATE CAUSE (A) Colored	de la plant derine	- mar
ANTECEDENT CAUSE (S)		11-11-11
DISEASES OR CONDITIONS, IF ANY, (B)	are of	V
GIVING RISE TO THE ABOVE CAUSE		
STATING UNDERLYING CAUSE LAST.		- 1
I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	green and have	of when
TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH.	To ame all	4. 7 5 9 2
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	1	20. AUTOPSY?
		YES NO TO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	tory. 21c. WHERE DID (City or town) (Count etc. INJURY OCCUR?	(State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	2 21F. HOW DID INJURY OCCUR?	
	1/1/25	
22. I hereby certify that I attended the deceased from	1953, to 4/22, 1953, that I last	
alive on 4, 3,, 1953, and that death occurred at SIGNATURE	P. M, from the causes and on the date and an	stated above.
Marine Walland	.D. Y & Church It 11	29/05
	ERY OR CREMADORY LOCATION (City, town, or	
REMOVAL (SPECIFY) M C 10 71- M + 1 .	4	nod
Quirial May 2-1953 // uthodial	munsville	1110
DATE REC'D BY LOCAL RESISTRAR'S SIGNATURE REGISTRAR	24. FUNERAL DIRECTOR	ADDRESS
2 may 1953 - Elizabethy Heits.	NN Hartsler & Sone Umon	Bridge Ma

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

Supply every item of information carefully. The

A15-



PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

668	CERTIFICATE	OF DEADI	
UUC	CERTIFICATE	OF DEATH	4

N. 131

03677

0000 CERTIFICATE	Z OF DEATH Reg. Dist.	. No>-	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	D:	
COUNTY Frederick MARYLAND	STATE Virginia COUNTY Loudoun		
CITY (If outside corporate limits, write RURAL or STAY and give nearest town) Frederick LENGTH OF STAY (in this place) 9 Days	OR TOWN Lovettsville		
HOSPITAL OR INSTITUTION OR 69 STREET ADDRESS Frederick Memorial Hospital	STREET (If rural give location) ADDRESS	V	
December	(Last) 4. DATE (Month) (I WERKING OF DEATH: April I	Day) (Year) L3, 1955	
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE	t 1889 9. AGE last birthday IF UNDER 1 V Months D	Pays Hours Min.	
NOA. USUAL OCCUPATION (Give kind of the control of	Virginia	CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:		
Robert Werking	Annie Werking		
(Yes, no, or unk.) (If Yes, give war or dates NO of service)	Hospital Records		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO DUE TO DUE TO DUE TO	ia unic Cardiovariula Disea	INTERVAL BETWEEN ONSET AND DEATH 2 W/KS.	
STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	quant type	2475.	
TO THE DEATH BUT NOT RELATED TO THE			
DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY?	
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	etory, 21c. WHERE DID (City or town) (Count injury occur?	(State)	
OF INJURY (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	D 21F. HOW DID INJURY OCCUR?		
alive on	A.D. Frederick, Maryland 13 Aprent or CREMATORY LOCATION (City, town, or	stated above. FE SIGNED FILL 1955 County) (State)	
THE ASTRAT 1955 Elizabeth S. Herb.	M. R. Etchison & Son, Frederi	ck, Maryland	

BUREAU V. S.

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VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ()3678

3669 CERTIFICATE OF DEATH

Reg Dist No. 13

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Tre devie (MARYLAND	STATE MC. COU	INTYFred
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	OR (If outside corporate limits, write RURAL,	and give nearest town)
HOSPITAL OR	STREET (If rural give location	n) /
Institution of Street address rederick Memorial Hospit	ADDRESS	/
3. NAME OF DECEASED: (First) (Middle) (Type or Print) FOITH BIRCK WH	OF S	(Year) (O) 19 5 5
5. SEX: S. COLOR OR RACE; WIDOWED, DIVORCED, (Specify) W. dowed MAR	OF BIRTH: 9. AGE last birthday: if UNDER 1	
10a. USUAL OCCUPATION Give kind of 10b. KIND OF BUSINESS OF		CITIZEN OF WHAT
work dove during most of working life, even it retired: Sewide Own Home:	Rocky Ridge, Fredcomd	COUNTRY! S.A.
JOSABHH. Black	Matihda Norris	
15 WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY No.: 17. (Yes, no, or unk.) (If Yes, give war or dates of	. INFORMANT & ADDRESS:	5/
service) MONP /	er C. H. Corpell, Inorma	ont md
18. MEDICAL CERTIFICATI	ION	Interval Between
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. 7 4.	Onset And Death
Immediate cause (a) Tenurolly	A Chilometer	1 days
Antecedent causes (s) Diseases or conditions, if any, (b) Respected A	feeled Gall Hadder	7 days
stating the underlying cause last. DUE TO	1	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION Pullality of Continuents, you	Reported Fall Madder; Glastin	20. AUTOPSY ?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street OF office bldg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While INJURY m.	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 7/7/	,1955, to 4/10 , 1955, that I las	t saw the deceased
alive on 1, 1955, and that death occurred at 1, 1955, and 1, 1955,	from the causes and on the date	
Ell Nettlam ma.	Frederick Jud. 4	1/11/55
23. BUTCHAL, CREMATION, DATE THEREOF NAME OF CEMETER REMOVAL (Specify) PLY-14.1917 CARR	WAS hive To A	county) (State)
	24. FUNERAL DIRECTOR	ADDRESS
11 april 1955 Elisabeth y tech-	M.L. CreAger + SON, Thu	TIMON/, IND

BECEINED

2361 E1 A9A

BUREAU V. S.

me Whitmore

Reg. Dist. No. 131

CERTIFICATE OF DEATH

MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED:

3670

COUNTY Frederick

I. PLACE OF DEATH:

CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place) (If outside corporate limits, write RURAL and OR TOWN (in this place)	d give nearest town)
HOSPITAL OR STREET ADDRESS Fred. Mem. Hospital STREET ADDRESS (If rural give location)	7
3. NAME OF DECEASED: (Middle) (Last) 4. DATE (Month) (Day) (Type or Print) Charles O. Zeigler DEATH: 4 8	1955
5. SEX: S. COLOR OR RAGE: MIDOWED, DIVORCED, (Specify): Specify: Specify: Specify: T-11-1888 9. AGE last birthday: If UNDER 1 YE Months Day Months Day	ys Hours Min.
work done during most of working life, INDUSTRY:	OUNTRY?
13. FATHER'S NAME: Obraham Zeigler 14. MOTHER'S MAIDEN NAME: Susan O berlander	
15 WAS DECEASED EVER IN U.S. ASSIED FOCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 16. Social Security No.: 17. INFORMANT & ADDRESS: 217-32-5169 Mrs. Blanche Zeigler, Middle	town ms.
18. MEDICAL CERTIFICATION 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Interval Between
	20 min .
Immediate cause (a) Pulmonary embolus DUE TO	200 11111
Antecedent causes (s) Diseases or conditions, If any, glving rise to the above cause stating the underlying cause last. (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic duodenal ulcer.	Undetermined
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY ?
4 April 1955 Chronic stenosing duodenal Ulcer. 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) (ST.)	Yes No
SUICIDE OF office bldg., etc.) IIOMICIDE	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED HOW DID INJURY OCCUR? OF While at Not While At Work □ At Work □	
22. I hereby certify that I attended the deceased from 3. April ,1955, to 8 April , 1955, that I last s	saw the deceased
alive on 8 April., 1955, and that death occurred at 11:20 p.m. from the causes and on the date s	tated above.
(Degree of title) ADDRESS	April 55
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or counterly Mediletown	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR REGISTRAR 955	ADDRESS NO.
The state of the s	, , , , ,

BUREAU V. S.

APR 12 1955

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